

EVALUATION OF SELF-ESTEEM BEFORE AND AFTER
PRECEPTORSHIP EXPERIENCE FOR STUDENT NURSES

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Abstract

Seventy-eight diploma nursing students participated (from a class of 112 students) in completing the Coopersmith Self-Esteem Inventory administered by mailed questionnaire before and at the end of the preceptorship. Also a rating form was completed by 70 preceptors to determine how the observed level of self-confidence compared to self-reported self-esteem at the end of the preceptorship program. As well, four preceptors and five preceptees completed weekly diaries and six preceptors and six preceptees participated in weekly phone interviews with the investigator.

Overall, self-esteem went up after the preceptorship. A comparison was made between the pretest and posttest using the t-test (dependent paired samples). Significant difference ($p=.05$) was demonstrated.

Self-confidence ratings by preceptors were inaccurate as they had no relation to the self-reported self-esteem level of students. The diaries and interviews of preceptors and preceptees were a rich source of data as well.

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CHAPTER ONE:

INTRODUCTION

This is a study of the self-esteem of students in a diploma nursing program which introduced a preceptorship component in 1984. The new element was an attempt to bridge the gap between student and staff nurse not only in terms of the academic and practical aspects, but also in terms of social-emotional concerns. In this study, the focus is on the effect of the preceptorship on the self-esteem of students.

For over a decade transition from schooling to working has been difficult for nurses. There is a variety of reasons for this difficulty. The necessity for developing skills required to deliver complex patient care stems from an increasing use of sophisticated technology to treat a great number of patients with acute illnesses. Benner (1982) states that

Increased acuity levels of patients, decreased length of hospitalization, and the proliferation of health care technology and specialization have increased the need for highly experienced nurses (p.402).

These factors place a greater demand on the new graduate, creating a discrepancy between her ability and the need to administer such complex care. Such expectations go beyond the goals of the educational setting. The resulting dissonance leaves both education and service feeling

uneasy, as each group, by necessity, clings to its mandate. Furthermore, budgetary restraints dictate the inclusion of the new graduates in the staffing complement almost immediately; hence, limited provision is made for a transition period. In response to the realities of this situation, education and service have shared a sense of powerlessness.

One approach to the problem taken by the Ryerson School of Nursing is to institute the use of a preceptorship in the last seven-week practicum of the diploma program. Gove(ed.) in Webster's Third New International Dictionary (1971) defines a preceptor as "a specialist in a branch of medicine... who takes a student as a resident student and gives him [sic] personal training in his specialty" (p.1784). The preceptee, or student, is an individual who works for and studies under a preceptor, in order to obtain professional experience and training. The preceptorship experience has been traditionally used primarily by physicians, but is well-suited for other professions. The key words in the above definitions are "specialist" and "professional experience". Building on these concepts, an operational definition characterizes the central aspects of the preceptor role as follows:

1. The preceptor is very knowledgeable about and

familiar with the clinical area in which she ¹ is working.

2. The preceptor is a role model for exemplary nursing practice in her area.
3. The preceptor is a teacher, instructor, mentor and guide to her students.
4. The preceptor is a professional, in the broadest sense of that word.

In the preceptorship at Ryerson the student-preceptee is assigned to a preceptor on a one-to-one basis. The students work the same shifts, have the same days off, and share the duties and responsibilities of the preceptor.

The preceptors are chosen by the head nurse on the unit in collaboration with the Faculty Liaison Person. The criteria for selection as outlined by Gardner (1983) are as follows:

The registered nurse

- 1) is a competent clinician who consciously applies nursing process to practice.
- 2) communicates and relates effectively with patients, students, peers and other members of the health team.
- 3) is self-confident and has a realistic perception of her own nursing performance.
- 4) shows interest and ability in facilitating learning by students and/or new staff.

¹ Throughout this paper, she and her were used rather than he and his. The majority of nursing students and preceptors are female. The population used for this paper contained two males.

- 5) has demonstrated leadership by initiating efforts to improve patient care (p.6).

Rationale for Study

Since Ryerson has used the preceptorship (since Spring, 1984), it was found that students completed the preceptorship with more technical skills, greater ability to prioritize care and to make decisions. One facet which was not investigated was the effect on the student's self-esteem. Personal discussions with graduating students suggest that most graduates have a higher level of self-esteem after having completed the preceptorship compared with previous non-preceptorship graduates; a few seemed to have markedly reduced self-esteem. The purpose of this study is to investigate the effect of the preceptorship on the student's self-esteem.

Currently, a revision of the Ryerson Nursing Program is in its first year of operation, and its major components are being monitored closely. This study is intended, among other things, to contribute to that scrutiny by assessing the impact of the preceptorship which has been carried over into the new program, and will be implemented in 1990 with the first of the new year three students. A first concern is the effect on the preceptorship on students' self-esteem; so this study aims to compare the self-esteem of students before and after the preceptorship stint, and to discuss the

findings with reference to aspects of the preceptorship component and with reference to the literature concerning self-esteem.

Definition of Terms

For the purpose of this paper I have defined the following terms:

Preceptor - advisor, counsellor, teacher, role model and resource person. This nurse worked with one student (preceptee) in the above roles.

Preceptee - a student who works for and under a preceptor in order to obtain professional experience and training. This student nurse was paired with one preceptor and worked the same shifts and had the same days off as the preceptor.

Self-esteem - This definition is taken from Coopersmith (1984):

The term "self-esteem" refers to the evaluation a person makes and customarily maintains with regard to him- or herself. "Self-esteem" expresses an attitude of approval or disapproval and indicates the extent to which a person believes him- or herself capable, significant, successful, and worthy. In short, a person's self-esteem is a judgement of worthiness that is expressed by the attitudes he or she holds toward the self. It is a subjective experience conveyed to others by verbal reports and other overt expressive behavior (p.5.).

The Problem

What is the effect of the preceptorship on the student's self-esteem?

Hypothesis of the Study

The preceptorship experience will increase the student's self-esteem.

Assumptions and Limitations

The study is based on the assumptions that:

- 1) The Ryerson graduate is different from other Ontario Registered Nurse graduates in at least two ways. On admission she is a grade thirteen graduate. As well, many of the students begin with some university or community college experience, or are graduates of their programmes. The length of her programme is 20 months over two years whereas other RN programmes in Ontario are 24 months spread out over two and a half to three years.
- 2) New graduates work in a stressful environment.
- 3) New graduates know the environment is stressful and may feel ill-prepared.
- 4) The seven week preceptorship changes the graduating student.
- 5) This change not only affects the technical skills, the ability to make decisions and to prioritize care, but also affects her self-esteem.

The study has certain limitations:

- 1) The effectiveness of the preceptorship can be affected by the matching of the preceptor and preceptee. There may be a personality clash between the two or they may have quite different approaches to nursing. An example of this might be the difference between the student who stops, thinks, then carries out her plan versus another student who "thinks on her feet" as she is doing things. Use of a different approach might inhibit learning and influence self-esteem.
- 2) The preceptorship does not occur in a vacuum. Other factors affecting students could affect her evaluation of her self-esteem. These might include extracurricular activities (one student was involved in the production of a play early in the preceptorship. The successful performance no doubt was a factor in her high self-esteem at an early time). As well, there were family difficulties, a change in the relationship with a spouse / boyfriend, and a move to a new house. These factors might be considered confounding factors when looking at the effect of the preceptorship.
- 3) Follow-up after the second Coopersmith Self-Esteem Inventory is not possible, since

students are then finished the program and summer holidays begin. Home addresses are confidential information. Thus, there is no way of the investigator contacting the students after they leave the school.

- 4) There is no comparison group therefore it is impossible to say the amount of self-esteem allocated specifically to the preceptorships.
- 5) There is no assessment of persistence of change in self-esteem.

Summary

With the increasing numbers of patients with acute illnesses and the use of more sophisticated technology to deliver health care came a new problem. Newly graduated nurses were not able to provide this complex care. A seven week preceptorship was developed at the end of the diploma Registered Nurse (R.N.) program to assist the student in gaining all the skills necessary for today's beginning nurse. This preceptorship was effective in increasing the student's technical skills and ability to prioritize care and make decisions. The purpose of this study is to investigate the effect of the preceptorship on the student's self-esteem.

CHAPTER TWO: REVIEW OF THE LITERATURE

In this chapter the literature will be reviewed, including the broad uses of the preceptorship, the problems of new graduates (making a preceptorship necessary), and their evaluations. In addition, self-esteem is studied together with the personality characteristics of nurses in order to look at the Self-Esteem Inventory results with some background knowledge. Perceptual psychology is used as a framework for studying the preceptorship.

Preceptorships are an old idea, now renewed. They go back as far as the ancient Greeks. When Ulysses was going to the ten year Trojan war he entrusted his son, Telemachus, to the teachings of his best friend, Mentor.

The Broad Uses of the Preceptorship

Preceptorship has been used in many different occupations, not just nursing. Preceptorship has been used widely for doctors (Adler, Werner, and Korsch, 1980), for business executives (Collins and Scott, 1978, Roche, 1979, and Willbur, 1987), for mental health administrators (Ochberg, Tischler and Schulberg, 1986) and for teachers (Gee, 1987). In nursing, preceptorship has been used in many different ways. Its principal use has been for orientation of new graduates and for a pre-graduate

experience. As well, it has been used to adapt staff to work in high-stress climates such as occur in a pediatric oncology unit (Patton, Grace and Rocca, (1981), in community health nursing (Ackerman and Baisel, (1975), in occupational health nursing (Wheeler, 1984), in developing head nurses (Garity, 1983), in developing nursing faculty (Megel, 1985 and Williams and Blackburn, 1988), and in teaching graduate nursing students (Pardue, 1983).

Problems of the New Graduate

Nursing graduates have been credited with a good theoretical background (Archbold, 1977; Armstrong, 1974; and Bushong and Simms, 1979). Borovies and Newman (1981) reported that new graduates, when interviewed, felt they had difficulty integrating theory into clinical practice. Murphy (1974) and Roell (1981) concurred with this view.

Graduates were unable to perform technical skills (such as intravenous injection techniques) with the speed and dexterity required (Bushong and Simms, 1979; Borovies and Newman, 1981; Fleming, Gibbons and Lewison, 1980; Habgood, 1981; Hammerstad, Johnson and Lund, 1977; Harkins, Schambach, and Brodie 1983; Keaveney, 1973; Murphy, 1974; Roell, 1981; Taylor and Zabawski, 1982; and Weiss and Ramsey, 1977). Further to this, organizational

abilities of graduates were found wanting (Borovies and Newman, 1981; Clarke, Gray, and Roy, 1976; Goldsberry, 1977; Habgood, 1981; Hammerstad et al., 1977; Murphy, 1974; Taylor and Zabawski, 1982; and Weiss and Ramsey, 1977). Knauss (1980) identified the new graduates' needs as follows:

The overwhelming need identified was establishing priorities, especially organizing floor work and dealing with 35 patients instead of one or two. We focused on some specific organizational priorities on which the preceptors would concentrate with their graduates. These included taking shift report, identifying the most "serious" patients from report, and identifying the most immediate floor needs, such as OR, x-ray, special tests, etc. Delegating the patient assignments and making meaningful, thorough rounds were also identified as important areas. Finally, collecting and organizing report at the end of the shift, and actually giving it, was identified as essential (p. 46).

New graduates were unable to assume leadership responsibilities as they were unable to organize and delegate patient care effectively and efficiently and were uncertain about the role, authority, and responsibilities of various members of the health team (Borovies and Newman, 1981; Fleming et al., 1975; Habgood, 1981; Knauss, 1980; Limon, Spencer, and Waters, 1981; Martel and Edmunds, 1972; Taylor and Zabawski, 1982; and Weiss and Ramsey, 1977). Some employers expected graduates to take charge immediately and became upset at their failure to assume leadership on evenings and nights (Cronin-Stubbs, 1977; Keaveney, 1973; and Logsdon, 1968). As well, the new graduate had not learned the system, the

organizational framework in which the nurse must practice (Bushong and Simms, 1979; and Charron, 1982). It is no small wonder that the new graduate was found to lack self-confidence with such an impressive list of "flaws". Lack of self-confidence is well-documented by Brodt (1974), Goldsberry (1977), Kramer (1974), McGrath and Koewing (1978), Roell (1981), and Skelton (1977).

At the same time the new graduate experiences the professional-bureaucratic role conflict which occurs when her school-bred professional values contradict the bureaucratic values of the work-place. This phenomenon has been described by Kramer (1974) as reality shock and noted as an important phenomenon by Everson and others (1982), Friesen and Conahan (1980), Hammerstad, Johnson, and Lund (1977), Limon, Spencer, and Waters (1981) and Werner (1980).

Because in the past there has been so little attention paid to the transition from student nurse to graduate, there has been a high turnover rate among neophyte nurses - as noted by Chickerella and Lutz (1981), Dell and Griffith (1977), and Weiss and Ramsey (1977). Armstrong (1974) sums it up:

Frustration, which in turn produces disillusionment for those new graduates who find they are unable to cope with their responsibilities, frequently results in termination of employment as well. A by-product of the situation, of course, is a never-ending high turnover of personnel (p.4).

Friesen and Conahan (1980) point to a high turnover rate among new graduates (sixty-one percent) and stated that at six to eight months after graduation twenty-five point three percent (25.3%) of newly licensed registered nurses had worked for two or more institutions.

When I interviewed ten of Ryerson's recent nursing graduates after five months in the work force in 1983 their lists of strengths and problems were quite similar to the above list. The recurrent themes from Gardner (1983) were:

Strengths:

1. Feeling they were coping as well as, or better than, other graduates.
2. Applying pathophysiology to nursing.
3. Questioning approach, (i.e., drug dosages, packing wounds, loose vs tight).
4. Problem-solving approach used.
5. Observing a "good role model" on the ward.

Problems:

1. Setting priorities (i.e., what to assess and how to assess twenty-two patients).
2. Making decisions (e.g., charge nurse responsibility).
3. Dealing with co-workers, especially Registered Nursing Assistants who may be older and definitely have more experience.
4. Dealing with communication deficits in all levels of the health care system.
5. Dealing with Doctors ("and which one to deal with?").
6. Feeling lack of support from peers and superiors.
7. Feeling fatigued from being overwhelmed.
8. Feeling frustrated or guilty about not being able to teach their patients or meet their emotional needs adequately.
9. Receiving infrequent feedback.

The Nature of Preceptorship

Preceptorships have been developed to help bridge the gap between the nursing student and the nursing practitioner. Over the past ten years there have been reports of at least seventy preceptorship programs in the United States (Maraldo, 1977) and at least eight in Canada.

Preceptorships tend to be at the end of the school program or at the beginning of work experience - as in an orientation program for new graduates. The length of the programs reviewed ranged from three weeks to nine months. School programs were three weeks (Habgood, 1981) four weeks (Limon, Spencer, and Waters, 1981) seven weeks (Scipien and Pasternack, 1977) twelve weeks (Skelton, 1977), sixteen weeks (Taylor and Zabawski, 1982) and three months (Chickerella and Lutz, 1981). Hospital inservice programs were three weeks (Knauss, 1980), eight weeks (McGrath and Koewing, 1978), three months (Patton, Grace, and Rocca, 1981 and "The Nurse Mentor Program at Children's", 1980) and six months (Friesen and Conahan, 1980). A community health program was nine months (Goldsberry, 1977). These programs had different criteria for picking their preceptors but basically they were looking for a competent professional nurse who was able to communicate well and was interested in teaching. Friesen and Conahan (1980) stated their criteria for selection of a preceptor as follows:

- 1) clinical competence (skilled use of nursing process, deliberate, "thought-based", and sensitive provision of patient care);
- 2) participation in health team activities (active participation in patient education, conferences, and multidisciplinary rounds);
- 3) leadership (ability to set priorities, show sound decision making and complete performance evaluations);
- 4) communication skills (ability to promote positive interpersonal relationships through the use of tactful, direct, and sensitive interaction);
- 5) interest in professional growth (participation in learning activities);
- 6) constructive resolution of professional or bureaucratic conflict (ability to demonstrate successful resolution);
- 7) willingness to work with and provide feedback for the new graduate (p. 20).

One program tried to pair the preceptor-preceptee teams so that they would be compatible (Patton, Grace, and Rocca, 1981). The Ryerson program found it was important to identify personality clashes early and either "talk them out" in a three-way interview with the faculty liaison, preceptor, and student or change the preceptor. The interaction between the preceptor and preceptee is of prime importance. This is what the program is all about - a humanistic approach to the new nurse.

The qualities inherent in the mentor-protege relationship are discussed in the business literature by the Woodlands Group (1980). They state that mentors must possess wide knowledge of the organization, especially its informal structures and processes. They must be generous, compassionate and concerned. In listening to

their proteges, mentors must hear feelings as well as ideas. In order for the relationship to be effective, the proteges must also be willing to listen. Caring is the core of the relationship. The relationship itself involves great intimacy as value systems and feelings are shared and personal data are disclosed.

Through the support given, the new nurse learns technical skills, decision-making skills, management skills, and something about the "backstage reality" - the norms, values, and codes in this new system. As well, there is the hope that she will circumvent reality shock and become bicultural. Kramer and Schmalenberg (1977) (as cited in Friesen and Conahan, 1980, p. 20) describe the bicultural nurse as one who "can perceive and interpret accurately the values of the work situation and the values from the school experience that are the sources of conflict, so that realistic strategies for resolving the conflict can be developed". Friesen and Conahan go on to say:

Such a side-by-side relationship allows the new graduate to work and identify with a competent role model who is involved on a daily basis in decisions, processes, and protocols of patient and unit management, and who is able to derive satisfaction from the work setting without extensive role deprivation or frustration (p. 20).

Because of the professional-bureaucratic conflict, the new graduate's initial work experience is critical in her formation of self-concept and value system. Friesen

and Conahan (1980) state:

Numerous changes are taking place in her nursing self-concept at this time. Feedback from those health professionals whom she views as important - for example, the aide she will supervise, the RN she will work with, and her head nurse - strongly influences her level of self-esteem (p. 19).

Evaluation of Preceptorships

In evaluating the preceptorships reviewed it was noted that the authors almost always relied on retrospective self-report. The evaluations were overwhelmingly positive with a few negative areas to be considered. Retrospective subjective report is not a good way to evaluate the preceptorsip. With no objective measures present and no experience using any other method, how could those reporting have any knowledge of what they would have learned otherwise?

One study which evaluated the preceptor teaching model was by Shamian and Lemieux (1984) which compared the preceptor teaching model to the formal teaching model. In their experimental design they compared the learning of knowledge of policies and procedures regarding restraints and assessment of the confused patient immediately after teaching and three months later. In the first evaluation there was very little difference between knowledge of each group. After three months it was found that the preceptor group retained the knowledge longer and more completely than the formal teaching group.

One of the problems in this study was that assessment of confused patients was taught centrally by the formal teaching model to those in the preceptor teaching group.

The overall knowledge of the preceptor group in evaluation 1 is 83%, dropping very little to 81% three months later. Meanwhile the overall knowledge of the formal teaching group is 82.5% in evaluation 1, only half a percent less than that of the preceptor group. However the retention of this data after a three-month interval is down to 72.5%, lower by 8.5% than the retention of the preceptor group as discerned in evaluation 2.

In the knowledge of assessment of confused patients there is no significant difference in the two groups after the first evaluation... The recall of knowledge of the preceptor group increased by 7% between evaluations 1 and 2, which is possibly attributable to ongoing reinforcement on the preceptor's part. The gap of knowledge regarding assessment of confused patients between the two groups in the first evaluation is .9%, and that gap widened to 11.2% after a three-month period (Shamian and Lemieux, 1984, pp. 88,89).

The Ohlone College Preceptorship, a four-week preceptorship in the last quarter of an associate degree nursing (A.D.N.) program was evaluated for several variables. First the new graduate was evaluated to determine the effectiveness of her role transition from student to graduate nurse. This was defined in terms of the graduate's tenure in the first post-graduation job, self and supervisor ratings of performance, number of months before the new graduate functioned without direct supervision, and persistence of professional values held by the new graduates. Also investigated were the preceptorship's effect on such work-related variables as

the most and least satisfying aspects of the work role and the graduate's self-concept, beliefs and expectations regarding the practice of nursing. The classes of 1979, 1980, and 1981 were compared to the class of 1978 which had a similar program but did not have the preceptorship. Corwin's test was used to assess the subject's values regarding the practice of nursing, according to professional, bureaucratic, and service conceptions of the nursing role. This test was completed prior to graduation and approximately nine months afterwards.

The Tennessee Self-Concept Scale (a self-report scale) was used to measure self-esteem. This test was completed prior to graduation and approximately nine months afterwards.

The Personal Orientation Inventory measures personal self-fulfillment as defined by Maslow's concept of self-actualization. This was administered prior to graduation and approximately nine months afterwards.

A Graduate Interview Schedule containing 21 open-ended questions was developed by project staff to elicit the following types of information: work experience before entering the nursing program, employment history since graduation (including positive and negative aspects of such employment), and self-assessment of general technical and managerial skill performance. This interview took one hour and was done within eleven months of graduation.

A Supervisor Interview Schedule was developed by project staff. This consisted of eleven open-ended questions and focussed on the view of the graduate's immediate supervisor about the graduate's adjustment to the work role, major areas of difficulty, length of time before the graduate functioned without direct supervision, and an assessment of the graduate's level of technical and managerial skill performance. This interview took twenty minutes and was carried out within eleven months of graduation.

The results of this study showed that the preceptorship facilitated the new graduates' transition from student to staff nurse role. One outcome was an increase in the job tenure. As well, the Preceptorship group identified their direct patient care activities as a most important source of work satisfaction more frequently than the Comparison group. The Preceptorship group also rated their managerial skills performance better (as shown by their self-ratings being closer to those of their supervisors).

The professional values of these nurses (both groups) did not decrease following graduation. These graduates did not experience a great deal of role conflict when they entered the work role. Other results from the study were not given.

In a community health setting Goldsberry (1977) used a preceptorship for a nine month period for two interns. When the two interns were compared to the four new graduates who did not have the program significant differences in self-confidence regarding adjustment to the practitioner role were found. The two interns expressed confidence in themselves and enjoyment of their work and said they felt oriented to the community and the community concept. The control group spoke of their initial "floundering frustration, sense of disorganization, and a lack of awareness and planning for their own development" (p. 49). The most valuable aspects were summed up as the following:

1. It provides an opportunity for a joint assessment of needs, establishment of goals, planning and periodic review of progress and reassessment.
2. It is a structured experience, with time allotments for getting to know the services and community.
3. There is a regular discussion of practice and activities.
4. It provides for field supervision as needed (Goldsberry, 1977, p. 49).

Marchette and Merker (1985) report a four-month preceptorship in which the thirteen participants were compared to a control group of new graduates. They found no significant difference between their self-evaluations on the Six Dimension Scale of Nursing Performance. No other evaluation methods were mentioned.

Crancer, Fournier and Maury-Hess (1975) assessed the elective course offered to second year students in the

A.D.N. program for a six week practicum. The experience was deemed a success with many benefits. One benefit was that students were offered jobs in the facilities in which they spent the practicum. The students were asked to evaluate the practicum in an open-ended questionnaire at the end of the practicum. They felt it was the most valuable experience they had in their nursing education. Another open-ended questionnaire was sent to the 81 participating nursing service personnel. In their 50% response, they thought that students had good to excellent interpersonal relationships with the team members and patients and that their clinical confidence had increased. The majority of respondents indicated they would participate in an independent study practicum in the future. They generally found it challenging and enjoyable to assist in the learning process.

Bushong and Simms (1979) discussed an eight week "Externship" for baccalaureate students who had completed all junior level courses. The program was evaluated by the Externs (students) in the middle of their senior year by a questionnaire consisting of open-ended questions. Students said they felt more comfortable in the clinical area and gained academically from having participated in the Externship. They also did not have the pressure to find jobs as they had signed contracts to return for a year after graduation.

Hammerstad, Johnson and Land (1977) discussed a new graduate orientation incorporating the use of a "Buddy" (Preceptor). In their evaluation of the program the new graduates responded overwhelmingly that the "Buddy System" had been helpful to them. One nurse stated that her Buddy "provided the necessary evaluation of my progress and nursing care. It was great to have someone to discuss patients with and to get to know as a friend" (p. 10).

Knauss (1980) reported on a three-week preceptor project for new graduates as follows:

The new graduates were unanimous in their evaluation of the preceptor program as the most beneficial part of their orientation, and they comfortably settled into their shifts...The graduates also stated that having a preceptor identified as their 'key person' on the floor led to relaxed and open communication.

On a one-month post-orientation questionnaire the graduates responded 100% in favor of continuing the program (p. 46).

In Dobbie and Karlinsky's (1982) report of the University of Calgary's Self-Directed Learning Practicum of thirteen weeks, preceptors have been used in various clinical learning environments. In their evaluations of the course "the preceptors were perceived in some instances to: need more information regarding their role in the clinical setting; pave the way for the student and assist her to feel that she belonged as a team member and as an equal" (p. 41).

Garity (1983) reports on a preceptorship for head nurses in which the preceptorship was designed as a weekly four hour "on unit" experience conducted over a period of three to four months. Most evaluations showed increased ability in the following:

1. Knowledge of primary and secondary management styles.
 2. Goal analysis and goal setting.
 3. Positive validation and/or constructive redirection in decision making.
 4. Application, documentation, and evaluation of various problem-solving methodologies and techniques.
 5. Development and motivation of experienced and new graduate nursing staff.
 6. Utilization of management and nursing literature, theory, practice, and research findings....
- Most participants report increased self-confidence in their position (p. 41).

Patton, Grace, and Rocca (1981) discuss the use of a three-month preceptorship in the high stress area of a pediatric oncology unit. Here it was evaluated by self-report of the preceptees - who judged the program to be a major success. They stated: "Now staff were willing to ask questions and make comments in such formidable situations as care rounds and staff meetings" (p.31).

Atwood (1979) discussed the impact of her three-month preceptorship on an oncology unit. She stated: "There are indications that the quality of care has increased. Subjectively, patients, families, and physicians have commented favourably on the significant

improvement in nursing care in the pilot unit" (p. 717). In addition, many staff members have expressed more job satisfaction. This has been apparent at the change of shifts, when verbal reports are given. The reports are much more sophisticated and probing.

McGrath and Koewing (1978) discussed an eight-week preceptorship for new graduates. The new graduates were scored on a rating form developed by the planning committee at four, six, eight weeks and eight months. Since the last two weeks were observational the six and eight week observations were essentially the same. Thus six week ratings by graduates and preceptors were compared to eight-month ratings by supervisors. These turned out to be basically the same which was felt to be good because in the past supervisors had been overly critical. Program evaluation included assessment of preceptors and of the experience itself. The preceptors felt that new graduates were moved from one ward to another too quickly. All new graduates would have preferred beginning their experience on either the evening or the night shift. They felt that they could have dealt more directly with patients and learned about the unit better if fewer physicians were present and fewer patients were off the ward for such things as diagnostic tests. All concerned believed the preceptorship was successful and should be offered again.

Taylor and Zabawski (1982) discussed a seventeen-week preceptorship at the end of the R.N. diploma program at British Columbia Institute of Technology. The preceptorship was evaluated using data collected from students, preceptors, nursing administrators and instructors. The data suggested that the preceptorship allowed the students to assume nursing responsibilities independently and to integrate and apply organizational skills. By the end of the term the students were able to assume the work assignments of their preceptors. Students expressed enthusiasm for the preceptorship program, the excellent role models that the preceptors presented and the support they received from all the members of the health care team. All preceptors expressed a willingness to participate as a preceptor in the future. Positive aspects of their role as a preceptor included educational stimulation, a sense of accomplishment through sharing nursing knowledge, free time to do other things on the unit, as well as an opportunity to sharpen skills and determine why they performed their duties the way they do. There were also some negative aspects. "Sometimes it was difficult not to go ahead and do the job myself as it would save time"; "Once the student was able to team lead, I felt bored"; and "It does create an extra workload because of the teaching, observing and

supervision that is necessary" (p. 22) were some of the comments.

Nurse administrators were similarly pleased with the experience, reporting that preparation for the preceptorship had been adequate to very good and that implementation of the program had been relatively smooth. Suggestions to improve the preceptorship included allowing the students to receive phone orders from doctors while under supervision and providing more orientation for preceptors (p. 22).

Habgood (1981) discussed a three-week practicum at the end of an A.D.N. program. In the evaluation "graduates report that they view themselves as more confident and competent on entry into practice, and employers, when comparing these new graduates with former graduates, rate them better able to face the reality of the work situation" (p. 75).

Scipien and Pasternak (1977) reported on a seven-week preceptorship in which the faculty noted that students went through several phases before they completed it. These are summarized below:

The first phase was disillusionment and frustration with both the system and themselves. Then resolution begins. They develop more comprehension of the health care system and reassess their objectives. In this stage greater self-confidence comes from the realization that they possess the theoretical knowledge and have refined their technical skills with practice. At the end, students usually have a more realistic perspective of clinical nursing practice (p. 819).

Friesen and Conahan (1980) discuss a six-month preceptorship for new graduates which was evaluated by questionnaire responses from new graduates, preceptors,

and head nurses.

New graduates responded unanimously that the preceptor system was beneficial, that in almost all situations the preceptors were very helpful, but that because of different schedules it was difficult for them to have consistent contact with their preceptors. The preceptors provided similar responses. Head nurse response was also favorable (p. 22).

Wheeler (1984) discussed an elective offered to senior nursing students for ten hours per week for fourteen weeks in Occupational Health. Both students advised by the author responded positively to the experience. They felt that they had been

permitted to learn an unfamiliar nursing role in an open and supportive environment. The preceptor was singled out for his willingness to support students in new learning experiences and for his encouragement of involvement in professional organizations (p. 411).

Rodzwic (1984) discussed a three-month preceptorship for senior student nurses. She felt the program was a success and her "informal survey" revealed limited complaints:

Generally the students felt accepted by nursing staff and felt they had sharpened their skills significantly. Some students felt the staff did not trust them and were waiting to catch them doing something wrong, or that nurses were not comfortable teaching and were unwilling to show them techniques or procedures. One student remarked that because she was near graduation, the staff expected much from her, yet at the same time they did not trust her assessments because she was still a student (p. 125).

Shogan, Prior, and Kolski (1985) discussed a preceptorship for new graduates for orientation purposes.

The preceptorship was evaluated by looking at six-month retention rates as well as questionnaires to orientees, preceptors and supervisors. Response rate was 52% for orientees, 66% for preceptors, and 85% for supervisors. Orientees remarked that the orientation was flexible and proceeded at their own pace in a comfortable learning atmosphere. Disadvantages were that some preceptors were assigned to two orientees and preceptors were often placed in team leader roles (thus limiting time available to the orientee). Preceptors remarked that supervisors were reluctant to delegate responsibility for orientation to the preceptor and made out the assignment for the orientee without consulting the preceptor. As well, preceptors liked the conferences with the orientee, supervisor, and instructor...and wanted them increased to weekly conferences. The supervisors remarked on the consistent role model (preceptor) with continuity of information and a less stressful learning environment. They felt the preceptor's initiative, accountability, and professional growth were enhanced. However two disadvantages were that orientees relied on the preceptor for problem solving and decision making and that staffing was not conducive for a one-to-one relationship (between orientee and preceptor).

When the six-month retention rate was compared to the previous year it was found that 93% of the graduates who participated in the preceptorship were employed six months later whereas 88% had been employed six months later the previous year.

Alcock, Harrison and Lorimer (1988) reviewed their orientation program at Children's Hospital of Eastern Ontario which utilized preceptors and a unit orientation guide. Preceptees felt a sense of belonging because of the understanding of the preceptors and their identified expectations of knowledge and skills. "The demonstrated competency of the preceptors gave new members a sense of security" (p. 29). Since staff had three months for orientation they were able to go at their own pace. They found active learning is better than "passive transmission of facts" (p. 29). Preceptors found it rewarding to have assisted with the smooth integration of a new staff member and believed that patient care improved when new staff were not overwhelmed by new situations but instead learned with the help of a preceptor.

Caty and Scott (1988) discussed a three-week preceptorship for nursing students in a baccalaureate program. They focussed on the care of the chronically ill. Evaluation questionnaires were completed by all students and some staff nurses and head nurses. In evaluating the project, they both saw the same themes emerge and had a generally positive evaluation. Most students saw the increased independence as an advantage. "I was able to gain self-confidence" (p. 22) was another theme. Students and staff also remarked on being accepted and working as a team member and experiencing the realities of nursing practice. Disadvantages included difficulty finding time to meet, preceptors not fully understanding the level of the learner or the objectives and not working the full preceptor shift. The second theme in disadvantages was the fast pace of the unit and its effect on student learning. "When the unit was busy, the preceptor had less time for me and my questions" (p. 22).

In a seven-week preceptorship program for new graduates Plasse and Lederer (1981) discussed their program evaluation by head nurses, preceptors and new staff. Participants remarked on the individuality of their programs and that orientation tools were useful in

providing flexibility.

Walters (1983) reviewed a preceptorship in the last semester of a baccalaureate program. Students evaluated it positively and each year more students chose the preceptorship for this semester.

Lee and Raleigh (1981) discussed a preceptor program to orient new graduates to their hospital. The program offers individualized orientation with a flexible time schedule. It was evaluated positively. Orientation units were felt to foster an "atmosphere of quality and innovation in patient care" (p. 44). The orientation units are

'half way houses' between the idealistic world of the educational setting and the realistic world of the clinical setting. New graduates are encouraged to apply critical thinking and problem solving in a practical setting. They also have the opportunity to learn how to incorporate patient care conferences and inter-disciplinary rounds into a full patient care load. The self-confidence and assertiveness that they acquire as a result of the orientation experience carries over to the permanent assignment setting and, we believe enables them to give excellent nursing care (p. 45).

Ackerman and Baisel (1975) discussed a nine-month community health nursing internship at Boston Visiting Nurses Association. This offered individualized attention and added learning opportunities. Preceptees received feedback at an individual conference where they

discussed and analyzed their nursing care. This discussion helped to build their self-confidence and allowed them to be more aggressive in their care. In comparing the internship group to a four person control group, the control group reported feelings of anxiety and turmoil during the first six months. They felt they had needed more guided experience whereas the interns had structure and support. They had done joint assessments of needs, established professional goals and had a structured plan with time allotments for getting to know the community and its services, guided experience in analysis of nursing process pertinent field supervision for identified family problems and continuing feedback about the intern's progress. The interns were "confident well-prepared staff members six months after the new graduate began to work" (p. 377).

While all these studies reported the preceptorship was a success and some reported increased self-confidence there were no reports of objective measures of self-esteem.

Self-Esteem

Why is self-esteem important to the beginning nurse? First, self-esteem is important to any individual. Maslow (1970) describes the need for high self-esteem as follows:

All people in our society (with a few pathological exceptions) have a need or desire for a stable, firmly based, usually high evaluation of themselves, for self-respect, or self-esteem, and for the esteem of others (p.45).

As well, Maslow establishes a positive link between self-esteem and self-confidence:

Satisfaction of the self-esteem need leads to feelings of self-confidence, worth, strength, capability, and adequacy, of being useful and necessary in the world (p.45).

Coopersmith (1967) discusses this link as well:

Attitudes may reflect an individual's expectancies as to what will occur to him in a new situation. Expectancies of success or favorable experiences are likely to result in a confident posture, but expectations of failure and rejection are likely to result in apprehension, anxiety, and lack of persistence (p.23).

The nurse must show self-confidence in her care to gain the confidence of her patients. In Purkey and Novak (1984), Coopersmith is quoted:

There are pervasive and significant differences in the experiential worlds and social behaviors of persons who differ in self-esteem. Persons high in their own estimation approach tasks and persons with the expectation that they will be well-received and successful (p.32).

It is this difference in expectation that makes a graduate appear self-confident in her work and able to create confidence in her patients. This is important to both the new nurse and her patients. It has also been shown that levels of self-esteem affect learning. Purkey and Novak (1984) state:

It seems self-evident that for students to learn in school, they require sufficient confidence in

themselves and their abilities to make some effort to succeed. Self-regard and efforts to control one's destiny correlate highly ... without self-confidence, students easily succumb to apathy, dependency, and loss of self-control... although feeling worthless is not the same as being worthless its impact on student behavior is often the same (p.32).

New nursing graduates have a great deal to learn. They can learn better if their self-esteem is high.

Korman (1970) in his theory of organizational behaviour, emphasizes a positive work outcome. He discusses three sources of self-esteem: one is task-specific relating to how competent one perceives he is at performance of a task. The second source is socially influenced, arising from the social expectations of the individual. The third source is chronic self-esteem which is a relatively consistent set of personality traits. The first two could be profoundly affected by the nurse's work environment. Since this is so, it would seem very important that nursing education and nursing service do all they can to make the beginning work experience a rewarding one.

Coopersmith's inventory is designed to measure evaluative attitudes towards the self in social, academic, family and personal areas of experience.

Preceptorship and the Self

The preceptorship is designed to alter the meaning constructed by the student, that is, what the student knows. However, internal meaning reflects perceptions of

the students of the perceptual field; therefore it is important to reflect on the preceptorship in terms of perceptions.

A definition of perception follows.

Perception refers to any differentiation a person is capable of making his perceptual field whether or not an objectively observable stimulus is present... Differentiations in the perceptual field resulting in perceptions of seeing, hearing, smelling or feeling are in our theoretical perspective fundamentally the same as those made in conceiving, knowing, or understanding. Although the subject matter varies, the process is the same. The differentiation of an idea or concept is not basically different from the differentiation of a scent, a sound, or the printed words on a page. Each involves some measure of personal meaning on the part of the person/perceiver (Combs, Richards, and Richards, 1976, p.17).

The basic postulate of perceptual psychology states:

All behaviour, without exception, is completely determined by, and pertinent to, the perceptual field of the behaving organism (Combs, Richards, and Richards, 1976, p. xi).

Thus studying the preceptorship by studying the perceptions of students and preceptors is an appropriate and necessary aspect of the methodology.

Moreover, people behave according to facts as they see them. Combs, Richards, and Richards (1976) state:

However capricious, irrelevant, and irrational our behavior may appear to the outsider, from our point of view at the instant of that behavior it is purposeful, relevant, and pertinent to the situation as we understand it. How the situation appears to others is not the cause of our behavior (p.20).

Some perceptions that influence behavior may be at a low level of awareness. The figure-ground relationship

of the perceptual field is the concept which explains this. Brigden (1933) quoted in Combs, Richards, and Richards (1976) explains this concept.

Each of us is constantly searching his field for details and meanings which will better enable him to satisfy need. The process involves a continual change in the perceptual field by the constant rise of new characters into figure and consequent lapse of other characters into ground. This process, the emergence of figure from ground, is one of increased awareness of details and is, therefore, called differentiation. It is through differentiation that change in the perceptual field and, hence, change in behavior occurs (p.28).

The appearance of figure may occur at a high or a low level of awareness; and behavior may be affected even by perceptions at a low level of awareness. In the complex field of the hospital, there are countless perceptions at all levels of intensity. It is possible that some may cumulate in effect on students without the awareness of any parties. This should be borne in mind when considering the preceptorship.

The relationship between the preceptee and preceptor is of prime importance in making the preceptorship work. These individuals do not have the same perceptual field (even if they are in the same situation), but they can share an understanding of their perceptual fields. Combs, Richards, and Richards (1976) quote Keen (1975) regarding this aspect.

What meanings a person possesses are the direct outgrowth of the kinds of differentiations he has been able to make. Since no two people ever have identical perceptual fields, no two people can ever

have identical meanings. Since the perceptual field cannot be observed directly by any other person, it may thus appear to the reader that in this frame of reference the causes of behavior are so secret that effective understanding of another must be beyond any outsider's grasp. Indeed, if the perceptual fields of different persons were completely private, there would be no way of knowing another's field and the understanding of other persons would, of course, be impossible (p.37).

If the relationships in preceptorship are operating effectively, then there should be some convergence of meaning about the nature of the nursing context, the appropriate roles and procedures, and the expectations appropriately held for the various operators. Therefore, in studying the preceptorship, it is important to employ procedures to sample and compare perceptions across individual and groups. Although it is no common practice (as reported in the literature), logs and interviews would be appropriate. For example, Atwood (personal communication) includes information gathered from logbooks and interviews in her unpublished study.

To cause a change in behavior, it is necessary to cause change in the perceptual field. Combs, Richards, and Richards (1976) state:

All behavior, without exception, is determined by the perceptual field at the moment of action. To produce change in behavior, then, it is necessary to produce some change in a personal field of meaning (p.37).

The self can change and does change constantly.

Combs, Richards and Richards (1976) state:

Though slow to change, a person's phenomenal self

is, of course changing constantly. As persons continually strive to maintain and enhance themselves in a changing world, it is quite likely that they will come to perceive themselves in new and different ways. Alternative ways of perceiving ourselves and our situations are potentially present for each of us - on a daily basis (p.195).

Thus the preceptorship can be seen as a time when student might be expected to change markedly in the presence and support the preceptor.

On the other hand, the basic need of human being is to maintain and enhance the perceived self. Combs, Richards, and Richards (1976) quote Murphy (1947) regarding this basic need:

The self.. has to be maintained in the future, built up and enhanced so that the individual feels secure for tomorrow. And since the future is uncertain and unknown, no enhancement of the individual's experience of personal value, no degree of self-actualization, is ever enough. Human beings are, by nature, insatiable (p.56).

Persons might try so hard to maintain and enhance the self that they contradict the facts in their situation. Thus, the preceptorship is potentially a time of great change for the student. She is learning how to set priorities, how to organize patient care, how to perform new techniques as well as to increase her speed and accuracy with old ones (such as intravenous lines). During this time of change, her perceptions may change as well. An obligation of the study of the preceptorship is to search for, document, and interpret the nature and degree of change actually encountered.

Personality Characteristics of Nurses

There are many references examining personality characteristics of nurses but they are from the sixties and seventies. Recruitment has changed and the graduating class is no longer homogeneous - aged twenty to twenty-one and female. Students now may be male or female and may range in age from seventeen to fifty-five. They come from many different backgrounds, including the nursing assistant background. Many of these research studies used the Edwards Personal Preference Schedule (EPPS), a set of 225 forced-choice paired comparison items based on fifteen perceived need areas derived from Murray's personality needs. The personality characteristics defined by the EPPS are summarized below:

Achievement - the desire to succeed, to do one's best or to master a difficult task.

Deference - the need to defer to authority, to conform to custom.

Order - the need to have things planned and organized, to be a perfectionist.

Exhibition - the desire to have an audience, to be the center of attraction.

Autonomy - the need to feel free to do what one wishes, to criticize authority, to defy convention.

Affiliation - the need to please, to be loyal, and to form strong personal attachments.

Intraception - the need to analyze the motives and behaviors of oneself and others.

Succorance - the desire for sympathy, for others' interest in one's problems.

Dominance - the need to dominate others, to lead, to influence others' decisions.

Abasement - the need to feel inferior, timid, or guilty, and to withdraw from unpleasant situations.

Nurturance - the desire to encourage others, to sympathize with others and to be generous.

Change - the desire to try new things, to experience novelty and to travel.

Endurance - the need to persist on a task until it is accomplished, to put in long hours of work.

Heterosexuality - the desire to please the opposite sex, to enjoy heterosexual activities.

Aggression - the need to openly display anger and hostility and to bluntly criticize others publicly. (Bailey and Claus, 1969, p. 321).

Navran and Stauffacher (1958) found that medical-surgical nurses scored high on Order, Deference and Endurance and lower on Affiliation, Autonomy, Succorance, Exhibition and Dominance than college women in general from Edwards' normative sample. This study shows a difference in personality structure between the medical-surgical nurses and psychiatric nurses with the psychiatric nurses at four different institutions scoring higher on Aggression, Intraception, and Heterosexuality and lower on Abasement.

Levitt, Lubin, and Zuckerman (1962) compared student nurses to Edwards' norming group of college women. They found that the student nurses scored higher on Nurturance, Affiliation, Intraception, and Abasement

compared to college women who scored high on Affiliation, Intraception, Change and Nurturance.

Lentz and Michaels (1965) compared personality traits of medical and surgical nurses using the EPPS. They found that medical nurses scored highest in Order, Change, Endurance, and Deference while surgical nurses scored highest in Order, Endurance, Deference and Abasement.

Schulz (1965) wanted to see how pesonality changed while going through nursing school. He found that sophomore students ranked highest in Nurturance, Intraception, Affiliation and Aggression whereas senior students ranked highest in Intraception, Affiliation, Heterosexuality and Change.

Smith (1965) studied 219 nursing students who completed a three-year diploma nursing program in comparison to forty-five students who failed to complete the program. He found:

relative to the unsuccessful students, the successful ones were found to be better adjusted, less preoccupied with sex, and more interested in enduring and persevering. There were indications that the successful students might also be more conservative in their attitudes and more interested in achievement but these differences were less certain (p. 56).

The tests were done on all students as a pre-entrance test battery.

There is inconsistency in the results of studies of personality of public health nurses and nursing students.

George and Stephens (1968) examined public health nurses to find that they ranked Edwards' personality variables with Order being highest, followed by Intraception, Deference, Endurance, and Achievement in that order. Bailey and Claus (1969) found the personality pattern of the beginning University of California nursing students by testing four classes with the Epps. They found the trait ranked highest was Nurturance, followed by Affiliation, Change and Abasement. Johnson and Leonard (1970) tested nursing students at the University of Wisconsin with the College Qualification Test, the Sixteen Personality Factor questionnaire, and the Strong Vocational Interest Bank for Women. They found:

The test scores indicated that they were average in scholastic aptitude compared to other University of Wisconsin females. They scored relatively higher in Numerical and Information - Science areas than in Verbal and Social Studies areas.

Their personality test scores indicated that they were more intelligent, assertive, and experimenting than female college students in general (p. 150).

Reece (1970) examined EPPS scores of 55 students who completed a three-year nursing program compared to 32 students who withdrew from the program. The students who completed the program were high on Nurturance, Intraception, Change and Affiliation, compared to the withdrawal students who were high on Intraception, Change, Nurturance, and Abasement.

Adams and Klein (1970) tested nursing students with the EPPS and the Institute for Performance and Ability

Testing 16 Personality Factor Questionnaire (IPAT). They found the nursing students high in the need for Nurturance, Intraception, Affiliation, and Abasement. They found this group like a normative group of high school girls and college women on the need for Order and Endurance. On the IPAT all the nursing students scores fell within one standard deviation of the mean for the normative group.

Frerichs (1973) studied 1435 A.D.N. nursing students' self-esteem. On the self-esteem inventory married students scored significantly higher (mean 75.64) than single students (mean 64.48). These are similar to Coopersmith's norms on younger females of 72.2 with a standard deviation of 12.8 (Coopersmith, 1967, p. 10).

Burgess (1980) used the Tennessee Self-Concept Scale (TSCS) to study beginning students in a baccalaureate nursing program. The 101 subjects had a wide range of self-esteem scores from 237 to 413 with a mean of 346.6 and a standard deviation of 31.6. This was close to the norm of 345.5 and standard deviation of 30.7 on the TSCS.

Ellis (1980) used the TSCS to examine self-concept levels in the four years of the baccalaureate program. The mean score was 346.80. There were no significant differences between each group of students.

Foster and Biddle (1987) examined self-esteem of 96 nurse anesthesia students with the TSCS. They found the self-esteem score was 353.0. This is higher than the normative sample of 345.6.

Langford and Harman (1987) studied 430 operating room nurses using a demographic data sheet, the 16 Personality Factors Inventory, the Personal Attitudes Questionnaire (PAQ) and the Texas Social Behavior Inventory (TSBI) which measures social-self-esteem. The results follow:

The subjects had a good sense of self-esteem as a group. Their average score on the TSBI was 45.07 and 266 subjects (62%) reported a score of 45 or above. This average score was much higher than average scores for high school and college males and females reported in a previous study (p. 975).

The gender identity questionnaire (PAQ) showed that this group had high scores on all three scales (masculine, feminine, and mas-feminine) with 52% of them in the androgynous category. Their personality profile was in the middle range of the scale on all 16 factors, similar to that of the general adult female population of the United States.

Can we generalize from all of these studies? It would seem that in the early sixties there was a typical nursing personality which differed slightly for different specialties. In the seventies and eighties recruitment changed and nursing students were no longer single, female, and twenty years old. The concept of the career ladder made it possible for men, older women, and married

women to pursue a career in nursing. This could be a factor in the changing personality of nurses. When self-esteem of nurses has been tested it has been found to be the same as or slightly higher than the norming groups. There are no studies to indicate the self-esteem of preceptees.

Summary

As a result of the review, here are the major findings.

- 1) The preceptorship has been used broadly in education and service, not just in nursing.
- 2) Nursing graduates have many problems after graduating from nursing school when beginning employment. They have difficulty integrating theory into practice; they are unable to perform technical skills with the expertise expected; they have poor organizational abilities and poor leadership abilities; they cannot organize and delegate patient care as they are unsure of the roles and responsibilities of other team members; they do not know the system. All these things combine to produce a high turn-over rate of new graduates at their beginning employment.
- 3) Preceptorship can bridge the gap between the expectations and the limitations of the graduates. Preceptorships have been used at the end of the senior nursing experience or at the beginning of the graduate experience, with programs ranging from three weeks to

nine months in length. Preceptors are generally selected through the use of preset criteria.

4) The most important part of the preceptorship appears to be the relationship which develops between the preceptor and preceptee.

5) Preceptor programs are generally evaluated by retrospective self-report. Since those evaluating these programs (usually the students) have no experience with an alternative method, they cannot say what they might have learned in another kind of experience. There is need for data drawn from other than self-report.

6) There is a need for nurses to have high self-esteem, if only to carry them through the stress of beginning nursing, and to present a confident face to patients.

7) Perceptual psychology can provide a framework for studying the preceptorship.

8) Personality characteristics of nurses have been studied to provide a background for studying self-esteem. Since the late sixties and seventies, the studies have shown personality characteristics close to the rest of the university population, and self-esteem scores as high as, or slightly higher than, the norming group. There is need for information relating the preceptorship and nursing student self-esteem.

CHAPTER THREE: RESEARCH METHOD

In this chapter the research methodology will be discussed in terms of the hypothesis, design, sample, collection of data, data collection instruments and data analysis.

Hypothesis

Preceptorship experience increases the self-esteem of the pre-graduate diploma nursing student at Ryerson.

Design

This research surveyed 112 students at the beginning of the preceptorship experience and again at the end of the experience using the same instrument (The Self-Esteem Inventory). As well, preceptors were surveyed to note levels of self-confidence in the students at the end of the preceptorship. Further, six preceptors and six students were asked to volunteer to participate in weekly interviews with the investigator. Another six preceptors and six students were asked to keep diaries of events and feelings.

Sample

The sample consisted of all second year diploma students graduating in 1986 who participated in the preceptorship at Ryerson.

Collection of Data

Data were collected by a mailed questionnaire sent to the students at the beginning and at the end of the preceptorship.

As well, a mailed rating form was sent to the Preceptors to collect observations on the level of self-confidence of the students at the end of the preceptorship. Weekly interviews regarding events and feelings were conducted with six preceptors and six student volunteers. Weekly diaries regarding events and feeling were kept by six preceptor and six student volunteers.

Data Collection Instruments

The data collecting instruments consisted of:

- 1) The Coopersmith Self-Esteem Inventory (Adult Form).

The inventory consists of 25 items which are statements about feelings. The subjects are asked to mark "like me" or "unlike me" according to how they usually feel. According to Coopersmith (1984), "the self-esteem inventory is designed to measure evaluative attitudes toward the self in social, academic and family and personal areas of experience" (p.1). Two examples of statements are "I'm popular with persons my own age" and "I can't be depended on".

The reliability and validity data available are generally for the 50 item School Form. Coopersmith (1984) compares the Adult Form to the School Form:

This form (Adult Form) was adapted from the School Short form for use with persons over fifteen years of age. The language and situations referred to in the items were modified to make them more meaningful to persons whose lives are not as closely bound to parents and school as are children's. The total score correlation of the School Form with the Adult Form exceeds .80 for three samples of high school and college students (N=647) (p.6).

The total score correlation of the School Form with the School Short Form is .86 (Coopersmith, 1984, p.6).

As reported in Coopersmith (1984), O.M. Kimball obtained reliability estimates by administering the Self-Esteem Inventory to approximately 7600 public school children in grades four through eight. The sample included students of all socioeconomic ranges and Black and Spanish - surnamed students. Kuder-Richardson reliability estimates (KR20s) were calculated for each grade level. Obtained coefficients range from .87 to .92 as shown in table 1. Test-retest reliability for the School Form was originally reported by Coopersmith (1967) to be .88 for a sample of 50 children in grade five (five-week interval) and .70 for a sample of 56 children (three-year interval) (p.10). Construct validity for the Self-Esteem Inventory (School Form) was provided by Kokenes (1974) in a 7600 school

Table 1

Internal Consistencies of Self-Esteem Inventory (School Form)
for Grades 4 - 8
(Kimball, 1972)

<u>Grade</u>	<u>r</u>	<u>N</u>
4	.92	1502
5	.87	1407
6	.88	1650
7	.89	1539
8	.90	1495

Note. From Self-Esteem Inventories (p.12) by S. Coopersmith, 1984, Palo Alto, California: Consulting Psychologists Press, Inc.

children in grades four through eight. The investigator observed the comparative importance of the home, peers, and school to the global self-esteem of adolescents and pre-adolescents. Kokenes (1974) reported:

The results of this study tended to provide empirical support for the constructs suggested by Coopersmith (1967); the factors that emerged in this study were similar to the sources of self-esteem that Coopersmith described could be measured using the Self-Esteem Inventory (p.958).

- 2) A rating form designed by myself to determine the change in self-confidence of the students as perceived by the preceptors. Answers are on a Likert-type scale. (See Appendix A.)
- 3) A record of weekly interviews kept by myself. The questions looked at the areas represented by the following questions:

Student Interviews

- a) What activities have you been doing this week that you feel good about? (Select from your patient assignment, reporting and recording, relationships with the preceptor, staff, head nurse, and doctors, and anything else.)
- b) What activities have you been doing this week that you don't feel good about? (Select from your patient assignment, reporting and recording,

relationships with the preceptor, staff, head nurse, and doctors, and anything else).

- c) Can you identify anyone (at home, at work, at school) that is helping you cope?
- d) How has the preceptor helped/not helped this week?

Preceptor Interviews

- a) What observations have you made this week in relation to the following student activities? (Select from patient assignment, reporting and recording, relationships with you, staff, head nurse and doctors, and anything else).
 - b) Do you notice a change in how the student feels about how she's doing this week?
 - c) What kind of problems have you helped the student deal with this week?
- 4) A weekly record kept by six preceptors and six students to reach the areas mentioned above.

Data Analysis

Data from the Self-Esteem Inventory were computer analyzed using the program Statistical Analysis System (S.A.S). A computer specialist was used to obtain the statistics. Students' responses to the Coopersmith Self-Esteem inventory were totalled and a comparison made between before and after the preceptorship.

A t-test (dependent paired samples) was used to determine the level of significance ($p = .05$).

Preceptors' responses on the self-confidence rating scale were totalled and compared to the after preceptorship score. Data from interviews and diaries offered qualitative data to note changes which occurred during the preceptorship.

Summary

Using the Coopersmith Self-Esteem Inventory (Adult Form), 112 diploma nursing students were surveyed before and after their seven-week preceptorship experience to determine self-esteem levels. Preceptors were surveyed to obtain data regarding their perception of students' change in self-confidence level over the period of the preceptorship. As well, six preceptors and six students were asked to participate in weekly interviews with the investigator and six preceptors and six students were asked to write weekly diaries of events and feelings during the preceptorship.

CHAPTER FOUR: RESULTS OF THE STUDY

In this chapter, the results of the study are discussed. Results are discussed in terms of the nature of the subjects, results of the Self-Esteem Inventory before and after the preceptorship, and preceptors' ratings of student self-confidence. In addition, analyses of diaries and interviews are discussed in relation to organization of learnings, choice of preceptors, preceptor presence, preceptee self-esteem level, perception of flexibility of the program, and perception of preceptor support.

Subjects

Of the 112 students in the second year of the diploma program at Ryerson seventy per cent (70%) or 78 responded to both Self-Esteem Inventories. The subjects were 77 females with a range of ages from 19 to 30 with a mean age of 21.97 and one male with the age of 24. See Table 2.

Self-Esteem Inventory Results

Overall, the mean self-esteem score increased following the preceptorship. The results of the Coopersmith Self-Esteem Inventory for the pretest ranged from a low of 24 to a high of 100 with a mean of 77.9 and a standard deviation of 16.86. See Table 3. The posttest scores ranged from a low of 36 to a high of 100 with a mean of 81.46 and a standard deviation of 16.84. See Table 4. With the posttest the score went up in

Table 2

Sex of Subjects: Frequency and Mean Ages

	Frequency	Mean Age
Male	1	24
Female	77	21.97

Table 3

Histogram of Results Of Self-Esteem Inventory Pretest

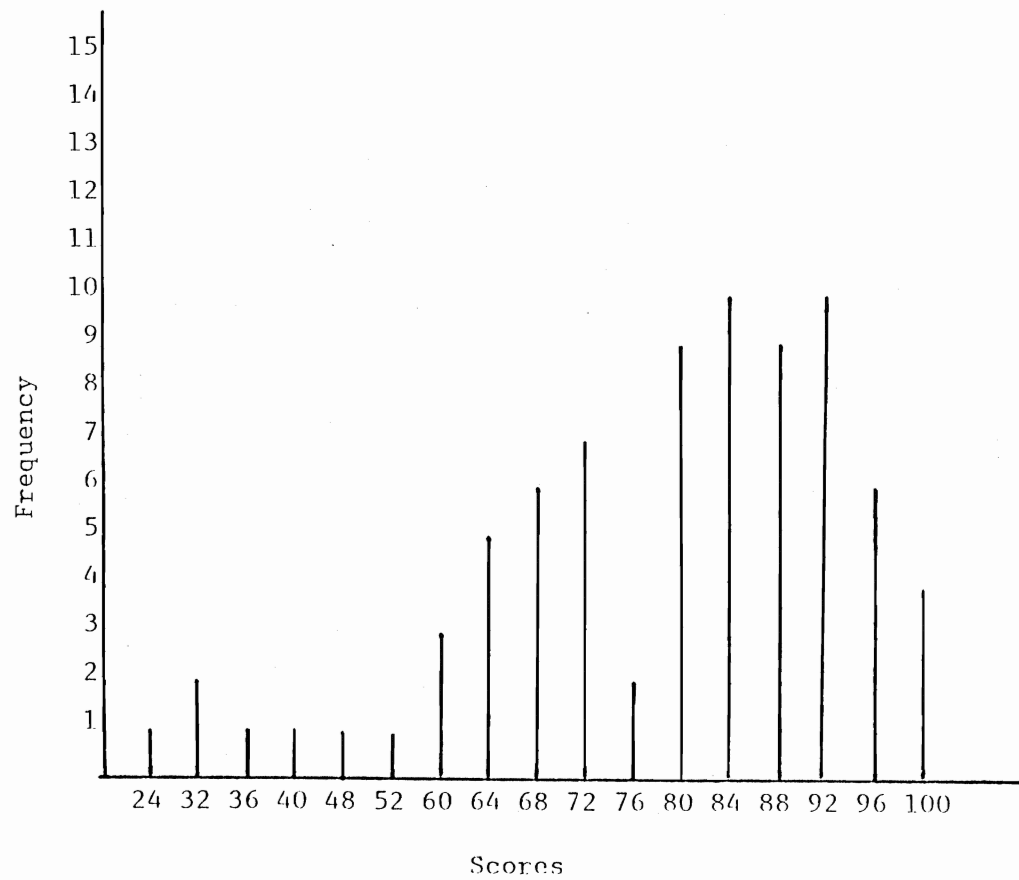


Table 4

Histogram of Results of Self-Esteem Inventory Posttest

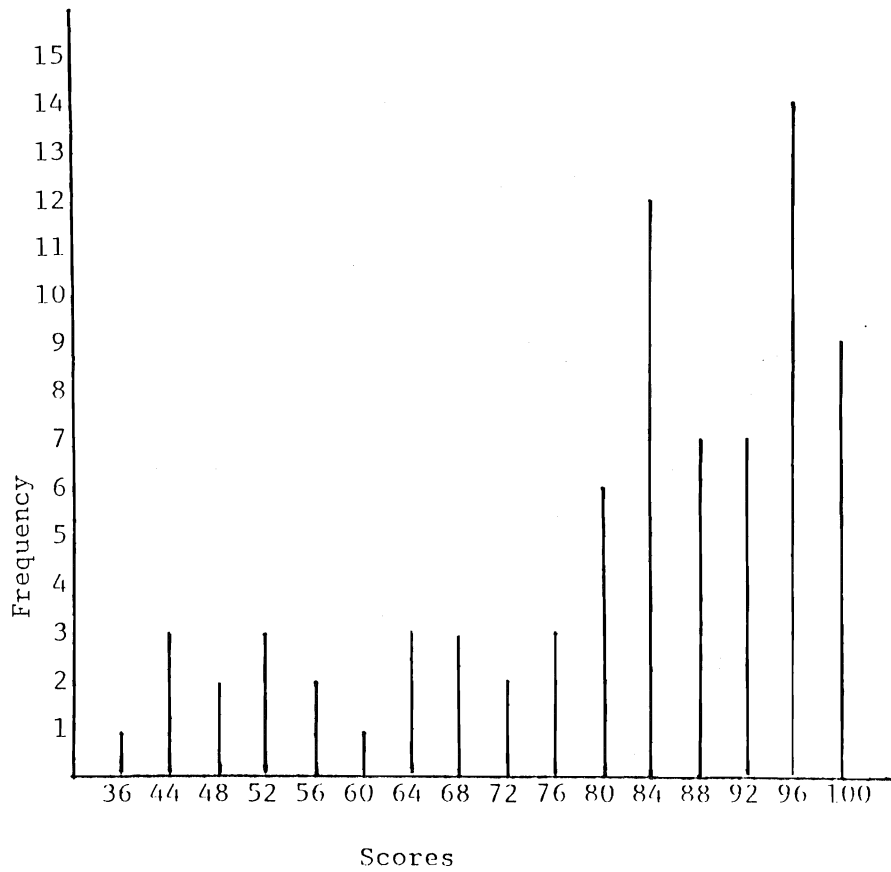


Table 5

Number of Students by Hospitals

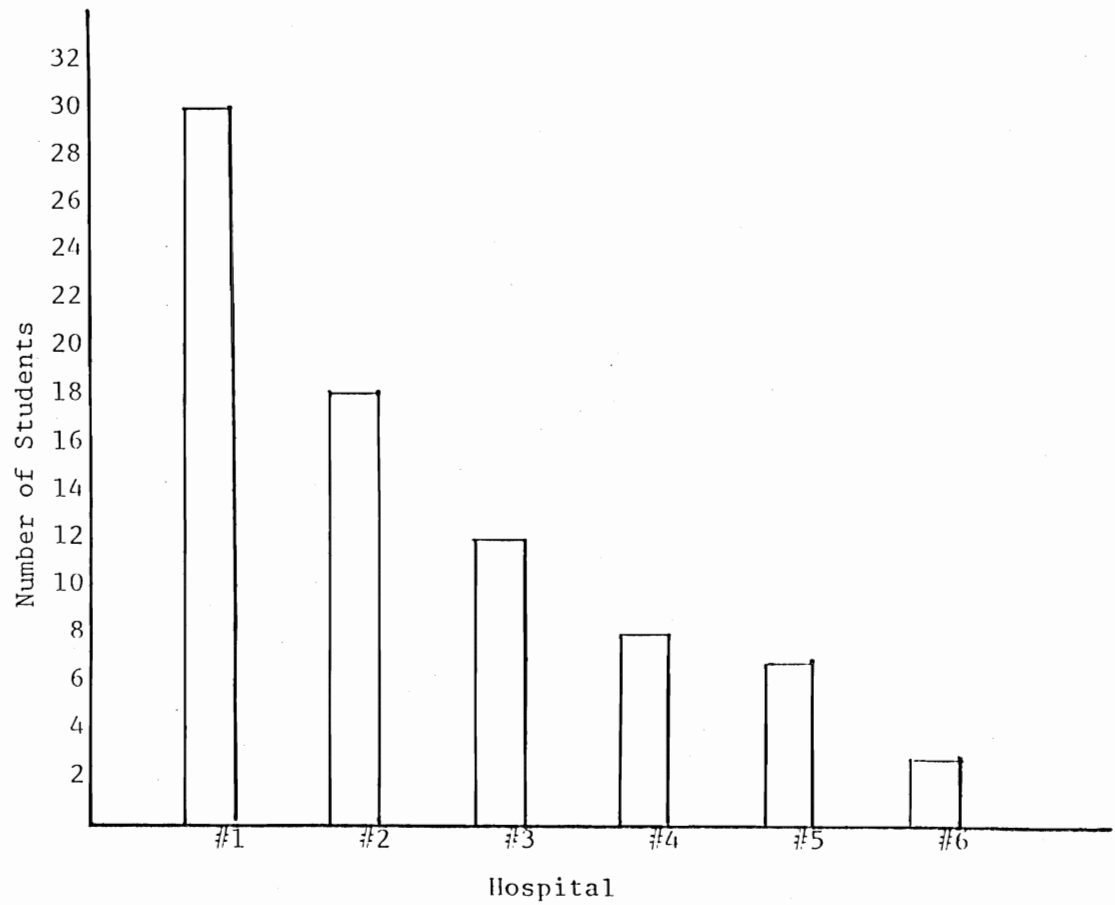
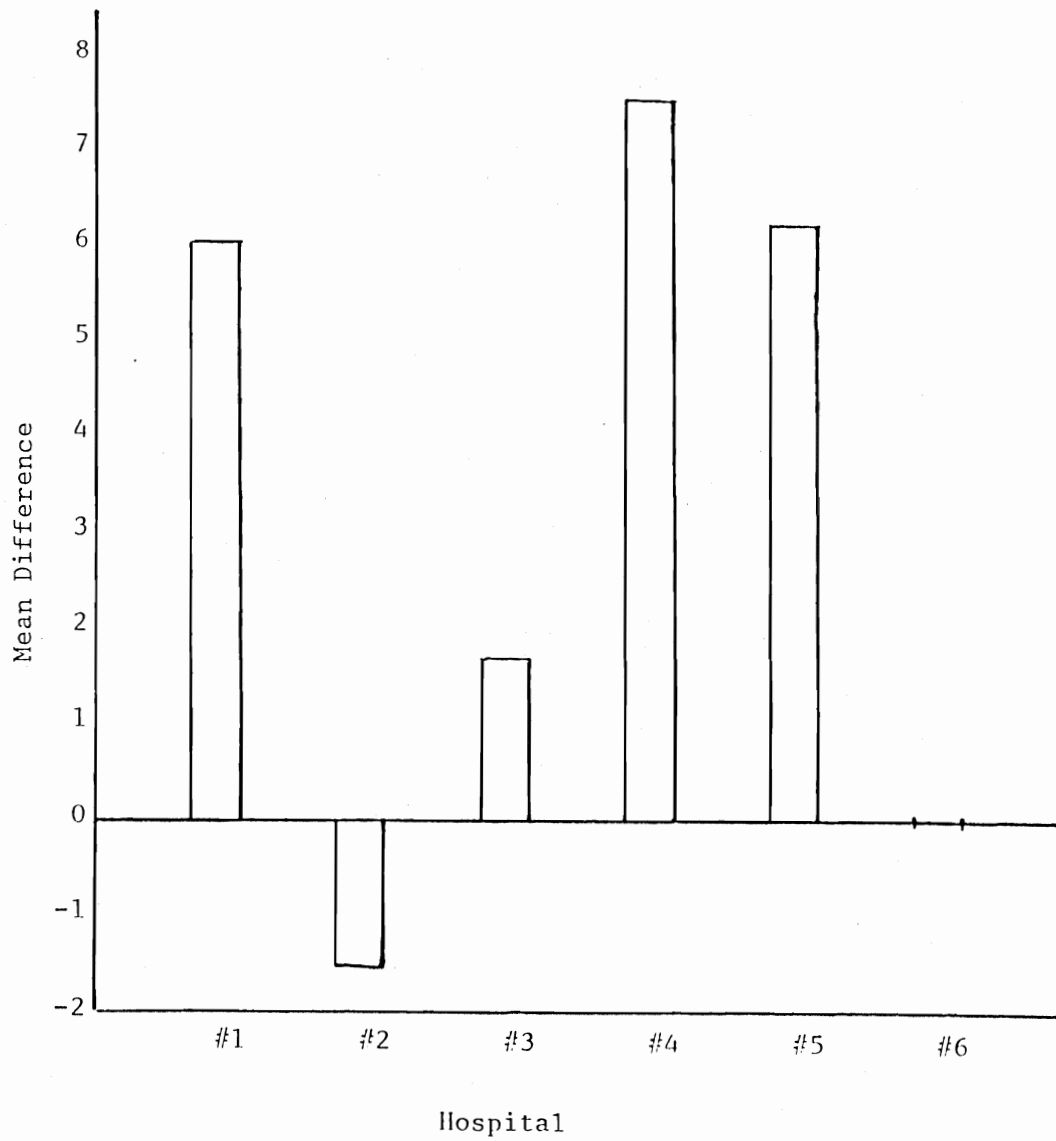


Table 6

Mean Difference Between Pretest and Posttest by Hospitals



48 cases (61.54%), down in 20 cases (25.64%) and stayed the same for 10 subjects (12.82%). Comparison was made between the pretest and posttest using the t-test. Significant difference ($p=.05$) was demonstrated overall ($t=2.58$).

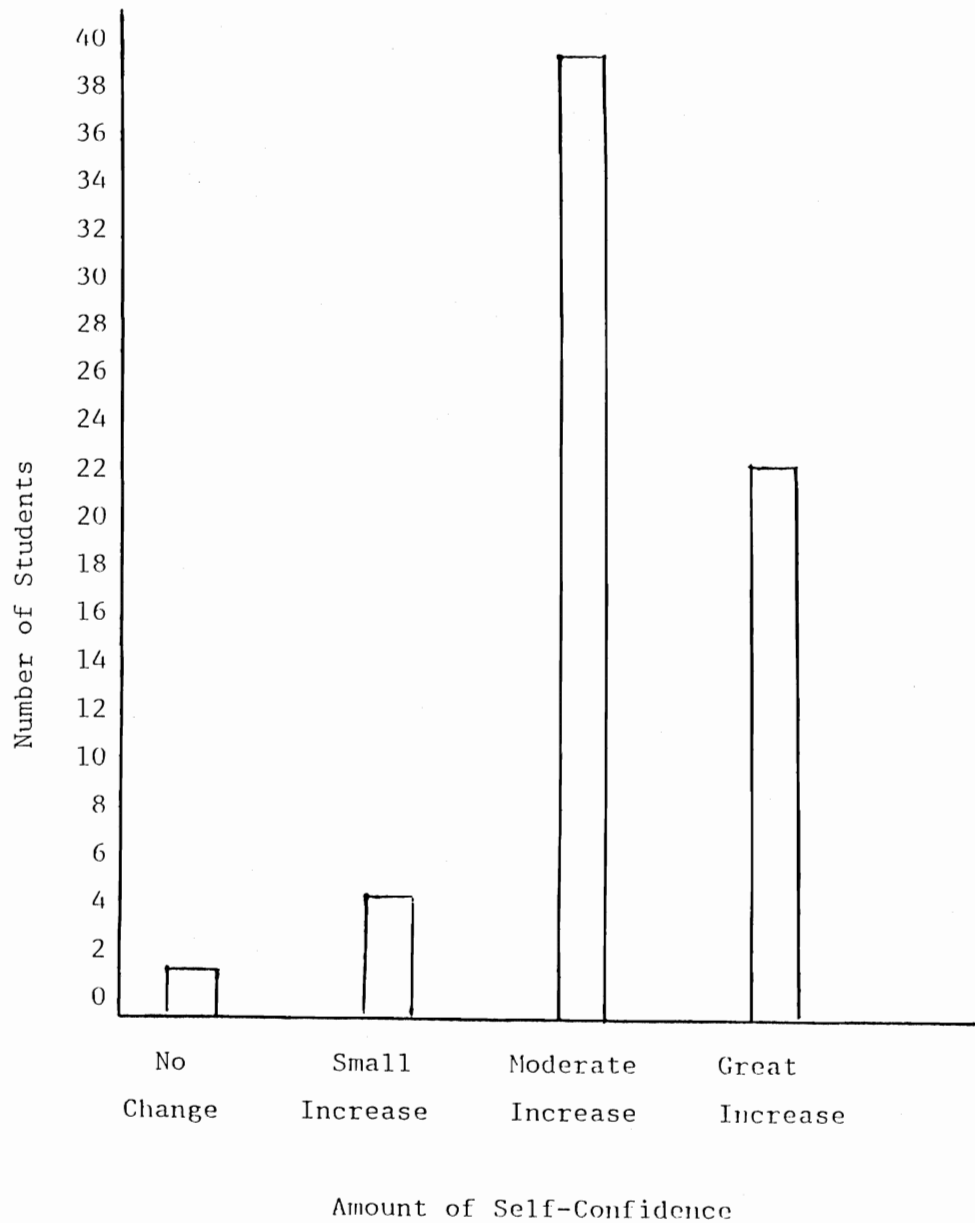
There was a difference between change in self-esteem and hospitals. The 78 preceptees were at six different hospitals. See Table 5. The mean difference in scores ranged from -1.5556 at Hospital # 2 to a high of 7.5 at Hospital # 5. See Table 6. Of the 18 students at Hospital #2, self-esteem scores went down in 8 cases (44.4%), up in 8 cases, and stayed the same in two cases. The before preceptorship score ranged from 40 to 100 with a mean of 78.67 (slightly higher than the 77.9 mean for the whole group). After the preceptorship, the scores ranged from 44 to 96 with a mean of 77.1 (lower than the 81.46 mean for the whole group). There were four scores which dropped 20 or more points.

Self-Confidence Ratings

Seventy self-confidence rating forms were received from the preceptors. There was no discernible relationship between the preceptor's assessment of the preceptee's self-confidence and the nature of the changes in the self-esteem or the self-esteem level. The preceptors did not observe any downward changes in the self-esteem. Two preceptors noted no change, 23 noted a small increase in self-confidence, 40 noted a moderate increase in self-confidence, and five

Table 7

Preceptor Rating of Change in Student Self-Confidence



noted a great increase in self-confidence over the preceptorship. See Table 7.

Organization of Learnings

The diaries showed that learnings were organized from simpler to complex (i.e., the first week students talked about working with intravenous lines whereas at the end of the seven week experience they were discussing more complex elements such as central venous pressure lines). Preceptors had ideas regarding what order in which things should be done. Preceptors actively organized learnings. One preceptor noted in her diary:

I arranged that the student work Friday at the desk area (with the charge nurse) as she hadn't had any daytime duty at the desk. We figured this would give her extra opportunity to collaborate with other team members, doctors, and departments. (Week 4.)

Choice of Preceptors

Most of the students liked their preceptors. Those who did not like the preceptor respected them. Thus, the preceptors chosen were perceived to be competent practitioners. One preceptee wrote of her preceptor:

I don't feel good about my preceptor, I wish I had a different one. She was trained in Europe and thinks little of the education system for nurses here. I feel nothing I can say will make her think any different. She has excellent knowledge as a nurse and the patients seem to like her no-nonsense overbearing approach. (Week 1.)

Preceptor Presence

Preceptees were being left to manage on their own especially at Hospital # 3, which was using preceptorship

for the first time. (Preceptors were sent to relieve on other wards, were given time off since there was "extra staff" on the ward, etc.) Preceptees discuss such events in their diaries:

On Sunday the preceptor was off, I didn't like the girls with whom I worked, did not respect their attitudes and the way they conducted themselves. I felt very apart from them, and my self-esteem was low. (Week 1.)

I got to work one night with the preceptor. (Out of 22 shifts will have been with her for 11 shifts).

Preceptors were supposed to be on duty at the same time and have the same days off as the students. Students' assigned times were organized according to this principle.

Self-Esteem Level

Self-esteem was affected by other people and events besides those that happened on the ward, although the nursing definitely affected the self-esteem level.

Responses to "Who is helping you cope?" shows this:

This week I'm a five. The head nurse asked me to work on the floor after I finish and I got engaged. (Preceptee Interview, Week 7.)

(Preceptees and Preceptors scored the self-esteem of the students each week on a scale from one to five).

Again my preceptor is the biggest help. However my fiancée has been helpful too by always being ready and willing to listen to me. (Preceptee Diary, Week 2.)

Self-Esteem 5. The elation felt (because I am ready to graduate, and because I feel I am ready to tackle any job) means that my feet have not touched the ground for several days. (Preceptee Diary, Week 7.)

I feel good about the way I've become. I'm a lot more organized, on paper, in my head, and in my body as a

nurse. I feel part of what's happening, part of the team. It feels like I belong in this atmosphere. Self-esteem 5. (Preceptee Interview, Week 7.)

Flexibility of Program

Students remarked that they could learn things when they were ready with this method. The program was flexible and individualized to them.

Preceptor Support

Preceptees reported that they liked having a supportive person (preceptor) to guide them through the seven weeks.

One student remarked:

I can't imagine doing it without a preceptor. It gives you that extra confidence (Preceptee Interview, Week 7).

X (Preceptor) has such a wonderful warmth about her. She makes me feel very comfortable... I feel a real friendship with X-yet she maintains at all times a good resource, a professionalism guidance - and there is a certain sincerity about her that is very good for me. (Preceptee Diary, Week 4).

Summary

Of the 112 students in the second year diploma nursing program, 78 responded to both Self-Esteem Inventories. Overall, the mean self-esteem score was increased after the preceptorship experience. The Self-Confidence Rating Forms completed by the preceptors at the end of the preceptorship showed no relationship to either self-esteem level or change in self-esteem since the beginning of the preceptorship. The 131 interviews and diary entries were a rich data source regarding the preceptorship. They showed that learnings were organized from simple to complex with preceptors

actively organizing learnings. Preceptors were perceived to be competent practitioners by the preceptees. Preceptors, especially at hospital #3 which was using preceptorship for the first time, were not always on duty at the same time and place as their preceptees. The students perceived their self-esteem level was affected by other people and events besides those that happened on the ward.

CHAPTER FIVE: CONCLUSIONS

Overall, the mean self-esteem score increased over the preceptorship period. From a change in meaning and a change in perception came a change in behavior. Students' comments support this idea as they went from timid and unsure to feeling confident about themselves as ready for the world.

Preceptorship as Reality Training

The preceptorship was a time during which students were prepared for reality. During this time they had an emphasis on technical skills such as maintaining intravenous lines; on priority setting, and organizing care for up to 22 patients (whereas most students had previously had a maximum of four patients); on delegating activities to others for the first time; and giving report for a large number of patients for the first time. The preceptorship relationship was ideal for this period because the student could be confronted with the reality of the work world while still in a supportive, guided relationship. Student diaries and interview comments are consistent with the literature in demonstrating this aspect of the preceptorship.

Self-Esteem Scores

Although the mean self-esteem score increased overall after the preceptorship, some scores (61.54%) went up and some scores (25.64%) went down. It is interesting to consider the reason for the inconsistency in score changes. In the preceptorship the students look to the preceptor as a role model, an ideal nurse. (This is evidenced by student discussion of expert nurses in their interviews and diaries.) This relationship would change student perceptions of nurse to a more organized, priority - setting, knowledgeable operator. When students tried to measure up to the new ideal, some felt they were well on the way to the professional level. This can be seen in the diary and interview data from students who felt "ready to graduate" and who felt as though "I belong in this atmosphere." These students reflected high self-esteem. Other students, who rated themselves low in self-esteem, did not offer similar positive comments, perhaps because they looked at the ideal and felt that it was so far beyond them that they could never attain that level. For these students, working with preceptors may have lowered their self-esteem by challenging their own views and making them feel less adequate than they felt beforehand.

In addition, a problem encountered in past years may have had a bearing. When a preceptor who valued speed and "thinking on your feet" was paired with a student who had a more deliberative approach (thinking things through; then

acting), the student's perception of a deliberative approach to nursing conflicted with what the ideal nurse was presenting, and the student's evaluation of herself decreased. Faculty attempted to prevent this situation by matching student and preceptor, but incomplete prior knowledge precluded success in all cases. There is every reason to believe that this was so in the assignments during this study.

Correlating academic marks with self-esteem scores may have been another way to look at the results. Unfortunately, these data are no longer available.

Self-Confidence Ratings

Reactions and changes result from perception, not from realities. Therefore it is important to check the perceptions students hold of the preceptorship if one is interested in the influence that the preceptorship has on students. Combs, Richards, and Richards (1976) state:

From our view at the instant of behavior it is purposeful, relevant, and pertinent to the situation as we understand it. How the situation appears to others is not the cause of our behavior (p.20).

This may be one reason that the preceptors misjudged the self-confidence level of students. Preceptors could misread student's self-confidence because they were looking at their own perceptions (how they thought students should feel); they could not look at students' perceptions

directly. There are two implications. First, preceptors should be made aware of the relationship between perceptions and judgements and about the divergence of perceptions of confidence. Secondly, until there is a marked convergence of perceptions, such judgements should not be used in program decisions.

Hospital # 2

There is a relationship between self-esteem increase and hospital. The mean difference in self-esteem for Hospital # 2 was -1.5556. At Hospital # 2 self-esteem scores went down following the preceptorship. Perusal of diaries and other records revealed no firm reason for such difference in scores across hospitals. This should be investigated by staff from the school and from Hospital #2. Is it the choice of students at this particular hospital? Is it the faculty liaison person? Could it be the specific rules and regulations at this hospital? It could have been any number of these things.

There is one possibility which is suggested by the data. At Hospital #2 at least half the preceptors were preceptors for the second time in a row. This is a much higher percentage than at other hospitals.

Nurses function as preceptors at the request of the head nurse and the faculty liaison person. Their rewards are a letter thanking them for their work plus the opportunity to attend an educational offering at Ryerson free of charge. Preceptors may perceive students as extra responsibility and work. They may not perceive being asked

to be a preceptor as an honor given to expert nurses as the head nurse and faculty liaison person see it. They could perceive it as "more work", "another job," or even as a penalty for not being liked. Nurses with such negative perceptions may not be as likely to fulfill their role obligation of being pro-active for the student. They may let students take the consequences without helping them to see reality. They may not assist the students in their organization and setting of priorities. This would cause the students to have negative experiences, the negative experiences affecting student perceptions of themselves as nurses. This could result in lower self-esteem.

Organization of Learnings

The interview and diary data show that the preceptorship built in learnings in an organized way. The student does not pay a price in decreased learning with the preceptor program. The amount of learning reflected in the interviews and diary records is impressive.

Choice of Preceptors

The relationship between preceptee and preceptor varied, but there was always respect for the preceptor. This suggests that the preceptors were chosen well. They were seen by students as competent practitioners, worthy of respect.

Preceptee Evaluation

Preceptees were not in a position to report judgements about the value of the program since they had no basis for

comparison. However, they did report things they liked about the program. Preceptees reported that they liked the flexibility and individuality of the preceptorship. They also liked having a supportive person (preceptor) to guide them through the seven weeks of clinical experience. These comments merit consideration during program evaluations.

Preceptor Presence

There were occasional problems which bothered the students. Students did not like having the preceptor off, as occurred at Hospital #3, in which preceptorship had been newly introduced. Here, administrators moved preceptors to another ward as "that ward was already well staffed", leaving the preceptees to manage on their own. For obvious reasons, preceptees were uncomfortable under these conditions. Such problems were dealt with on an individual basis as part of the regular program monitoring conducted by the school staff.

Self-Esteem Inventory

The Coopersmith Self-Esteem Inventory may not be a true reflection of the self-esteem of the individual. The Self-Esteem inventory collects perceptions, for example, whether the respondent feels "I would rather play with children younger than me" is "like me" or "unlike me". This does not reflect how much playing with younger children is valued by the respondent. Beane and Lipka (1984) explain:

The individual who checks "like me" is inferred to have negative self-esteem for that item since conventional thought suggests that children who feel that way also feel rejected by their peers... we thus hypothesized that an item such as this might

not necessarily give an accurate picture of self-esteem or self-concept. Older children in a close-knit, geographically isolated family or those with a sense of sibling responsibility, for example, might feel very positively about their inclination to play with children younger than themselves (pp. 209, 210).

Therefore, valuing is one whole aspect of self-esteem that is missing with this type of inventory. In future studies, inventories like the Coopersmith might profitably be supplemented with data related to personal values.

Pre-cueing

From diaries and interviews there were some comments about preceptor - preceptee fit. One preceptee states in her diary:

I don't feel good about my preceptor, I wish I had a different one. She was trained in Europe and thinks little of the education system for nurses here. I feel nothing I can say will make her feel any different. (Week 1)

Preceptees should meet their preceptors ahead of time beginning six weeks before the practicum, as a means of establishing a more positive relationship. The preceptor could prepare the student for the type of patients, treatments, and nursing on the ward, and the preceptor and preceptee would learn whether they would be compatible, at least in terms of sharing perceptions of the practicum. The preceptor would investigate whether the student was worthwhile enough for her to invest the extra work and responsibility. Assignments could be changed during this period if they did not work out, resulting in a more voluntary relationship.

Recommendations

1. In future studies, there should be an attempt to relate academic marks to self-esteem change after the preceptorship to see whether marks would discriminate.
2. Procedures should include a different approach to looking at self-concept by focusing "on the self-concept content that the person feels is personally salient and significant" (Beane and Lipka, 1984, p.210). This could be done by asking the student to "tell me about yourself" and finding the extent to which the person is satisfied with the description.
3. The study should be generalized through the use of a more broadly based random sample, so that results could be generalized to all nursing students.
4. Procedures should include a more specific focus on the preceptor-preceptee dyads, observing what was happening in the relationship as well as on the ward, to see whether this influences self-esteem.
5. Expand the study to include a comparison groups to compare clinical experience and preceptorship against just clinical experience.
6. Compare preceptorship to simulated experience.
7. Track graduates over time to check persistence of change in self-esteem and to pursue the relationship between self-esteem when leaving the preceptorship and the effects of different kinds of first employment experiences.

Implications

The implications for the program are listed below:

- 1) Continue the preceptorship program as it is, with attention to the areas below. There is a great deal of data supporting its effectiveness.
- 2) Examine policies and procedures at Hospital # 2 to see why mean self-esteem went down, and make changes as necessary.
- 3) Make changes at Hospital # 3 to ensure that students always work under the direct supervision of a preceptor.
- 4) Periodically, poll the feelings of preceptors and preceptees to see whether changes in the program should be considered.
- 5) Since self-confidence ratings by preceptors are not accurate, they should not be used in program decisions at present. Preceptors should be apprised of the importance of perceptions in such judgements.
- 6) Preceptors and preceptees should meet before the beginning of the practicum to ensure compatibility.

Summary

Learnings during the preceptorship are in line with those which would be acquired in the regular nursing program. The preceptorship was associated with positive affect, and the average self-esteem score rose during the preceptorship. Reports by students indicate positive feelings about the program. Consideration of the data indicates continuation of the preceptorship, and suggests a series of program implications and recommendations for further study.

REFERENCES

- Ackerman, N., and Baisel, S. (1975). An internship in community health nursing. Nursing Outlook, 23(6), 374-377.
- Adams, J., Klein, L.R. (1970). Students in nursing school: considerations in assessing personality characteristics. Nursing Research, 19(4), 320-326.
- Adler, R., Werner, E.R., and Korsch, B. (1980). Systematic study of four years of internship. Pediatrics, 66(6), 1000-1008.
- Alcock, D., Harrison, C., and Lorimer, M. (1988). Orientation: and investment in your unit's future. Canadian Nurse, 84 (9), 26-29.
- Archbold, C.R. (1977). Our nurse interns are a sound investment. RN, 40(Sept.), 105,107,109,111,112.
- Armstrong, M. (1974). Bridging the gap between graduation and employment. Journal of Nursing Administration, 4(6), 42-48.
- Atwood, A.H. (1979). The mentor in clinical practice. Nursing Outlook, 27(Nov.), 714-717.
- Bailey, J.T., and Claus, K.E. (1969). Comparative analysis of the personality structure of nursing students. Nursing Research, 18(4), 320-326.
- Beane, J.A., and Lipka, R.P. (1984). Self-concept, self-esteem and the curriculum. Toronto: Allyn and Bacon, Inc.
- Benner, P. (1982). From novice to expert. American Journal of Nursing, 82, 402-407.
- Borovies, D.L., and Newman, N.A. (1981). Graduate nurse transition program. American Journal of Nursing, 81, 1832-1835.
- Brodts, D.E. (1974). A specialty for Associate Degree Nursing graduates. Journal of Nursing Education, 13(April), 20-21.
- Burgess, G. (1980). The self-concept of undergraduate nursing students in relation to clinical performance and selected biographical variables. Journal of Nursing Education, 19(3), 37-44.
- Bushong, N.Y.K., and Simms, S. (1979). Externship: a way to bridge the gap. Supervisor Nurse, 10(June), 14-16, 19, 22.

Caty, S., and Scott, B. (1988). Preceptors for pregraduates. Canadian Nurse, 84(11), 20-23.

Charron, D.C. (1982). Save the new graduate. Nursing Management, 13(Nov.), 45-46.

Chickerella, B.G., and Lutz, W.J. (1981). Professional nurturance: preceptorships for undergraduate nursing students. American Journal of Nursing, 81, 107-109.

Children's Hospital of San Francisco. (1980). The Nurse Mentor Program at Children's. New Horizons, (Spring).

Clarke, L.M., Gray, J.E., and Roy, J.L. (1976) Transition: a planned clinical learning experience for Associate Degree Students in nursing. Journal of Nursing Education, 15(July), 3-6.

Collins, E.G.C., and Scott, P. (1978). Everyone who makes it has a mentor. Harvard Business Review, 56 (14) (Jul-Aug.), 89-101.

Combs, A.W., Richards, A.C. and Richards, F. (1976). Perceptual psychology. New York: Harper and Row, Publishers.

Coopersmith, S. (1967). The antecedents of self-esteem. San Francisco: W.H. Freeman and Co.

Coopersmith, S. (1984). Self-esteem inventories. Palo Alto, California: Consulting Psychologists Press, Inc.

Crancer, J., Fournier, M., and Maury-Hess, S. (1975). Clinical practicum before graduation. Nursing Outlook, 23(2), 99-102.

Cronin-Stubbs, D. (1977). Job satisfaction and dissatisfaction among new graduate staff nurses. Journal of Nursing Administration, 7(Dec), 44-49.

Dell, M.S., and Griffith, E. (1977). A Preceptor Program for nurses' clinical orientation. Journal of Nursing Administration, 7(Jan.), 37-38.

Dobbie, B.J., and Karlinsky, N. (1982). A self-directed clinical practicum. Journal of Nursing Education, 21(9), 39-31.

Ellis, L.S. (1980). An investigation of nursing student self-concept levels: a pilot survey. Nursing Research, 29 (6), 389-390.

Everson, S., Panoc, K., Pratt, P., and King, A.M.(1982).
Precepting as an entry method for newly hired staff.
Journal of Continuing Education in Nursing, 12(5), 22-26.

Fleming, B.W., Woodcock, A.G., and Boyd, B.T. (1975). From
student to staff nurse: a nurse internship program.
American Journal of Nursing, 75, 595-597.

Foster, S., and Biddle, C. (1987). Self-esteem in nurse
anaesthesia students: a national investigation. Journal of
Allied Health, 41-47.

Friesen, L., and Conahan, B.J. (1980). A clinical
preceptor program: strategy for new graduate orientation.
Journal of Nursing Administration, 10(4), 18-23.

Gardner, R. (1983). Preceptor Program Pilot Project.
Unpublished Manual, School of Nursing, Ryerson
Polytechnical Institute, Toronto.

Garity, J. (1983). Developing Head Nurses: one hospital's
solution. Nurse Educator, 5(Autumn), 38-42.

Gee, T. W. (1987). Internship: the educational experience.
Education Canada, 27(1), 10-13.

George, J.A., and Stephen, M.D. (1968). Personality traits
of public health nurses and psychiatric nurses. Nursing
Research, 17(2), 379.

Gibbons, L.K., and Lewison, D. (1980). Nursing internship:
a tri-state survey and model for evaluation. Journal of
Nursing Administration, 10(Feb.), 31-36.

Goldsberry, J.E. (1977). From student to professional.
Journal of Nursing Administration, 7(March), 46-49.

Gove, P.B. (ed.) (1971). Webster's Third New International
Dictionary. Springfield, Massachusetts: G. and C. Merriam Co.

Habgood, M.K. (1981). Preventing reality shock: One AD
program's plan. Nursing and Health Care, 2(Feb.), 74-75.

Hammerstad, S.M., Johnson, S.H., and Land, L.V. (1977).
New graduate orientation program. Journal of Continuing
Education in Nursing, 8(5), 5-11.

Harkins, S.S., Schambach, A.V., and Brodie, K.J. (1983).
Summer externs; easing the transition. Nursing Management,
14(7), 37-39.

Johnson, R.W., and Leonard, L.C. (1970). Psychological test characteristics and performance of nursing students. Nursing Research, 19(2), 147-150.

Keaveney, M.E. (1973). Needed: Better orientation for AD graduates. Nursing 73, 3(July), 52-53.

Knauss, P.J. (1980). Staff nurse preceptorship: an experiment for graduate nurse orientation. Journal of Continuing Education in Nursing, 11(5), 44-46.

Kokenes, B. (1974). Grade level differences in factors of self-esteem. Developmental Psychology, 10(6), 954-958.

Korman, A.K. (1970). Towards an hypothesis of work behavior. Journal of Applied Psychology, 54(1), 31-41.

Kramer, M. (1974). Reality Shock: Why nurses leave nursing. St. Louis: The C.V. Mosby Co.

Kramer, M., and Schmalenberg, C. (1977). Path to Biculturalism. Wakefield, Ma: Contemporary Publishing.

Langford, R.W., and Harmon, V. (1987). Self Image; characteristics of operating room nurses. AORN Journal, 45(4), 970-979.

Lee, G., and Raleigh, E.D. (1983). A half-way house for the new graduate. Nursing Management, 14(Jan.), 43-45.

Lentz, E.M., and Michaels, R.G. (1959). Comparisons between medical and surgical nurses. Nursing research, 8(4), 192-197.

Levitt, E.E., Lubin, B., and Zuckerman, M. (1962). The student nurse, the college woman, and the graduate nurse: a comparative study. Nursing Research, 11(2), 80-82.

Limon, S., Spencer, J.B., and Waters, V. (1981). A clinical preceptorship to prepare reality-based ADN graduates. Nursing and Health Care, 2(May), 267-269.

Logsdon, A. (1968). Preparing for unexpected responsibilities. Nursing Clinics of North America, 3(1), 143-152.

Maraldo, P.J. (1977). Better nursing care through preceptorships. RN, 40(Mar.), 69-70.

Marchette, L., and Merker, A. (1985). The effect of a nurse internship program on novice nurses' self-evaluation of clinical performance. Journal of Nursing Administration, 15(May), 6-7.

- Martel, G.D., and Edmunds, M.W. (1972). Nurse internship programs in Chicago. American Journal of Nursing, 72, 940-943.
- Maslow, A.H. (1970). Motivation and Personality (2nd ed.). New York: Harper and Row.
- McGrath, B.J., and Koewing, J.R. (1978). A clinical preceptorship for new graduate nurses. Journal of Nursing Administration, 8(March), 12-18.
- Megel, M.E. (1985). New faculty in nursing: Socialization and the role of mentor. Journal of Nursing Education, 24(7), 303-306.
- Murphy, J.S. (1974). The dilemma in nursing practice. Journal of Nursing Administration, 4(1), 16-18.
- Murphy, M.L. and Hammerstad, S.M. (1981). Preparing a staff nurse for precepting. Nurse Educator, 6(Sept.-Oct.), 17-20.
- Navran, L., and Stauffacher, J.C. (1958). A comparative analysis of the personality structure of psychiatric and non-psychiatric nurses. Nursing Research, 7(2), 64-67.
- Ochberg, R.L., Tischler, G.L., and Schulberg, H.C. (1986). Mentoring relationships in the careers of mental health administrators. Hospital and Community Psychiatry, 37(9), 939-941.
- Pardue, S.F. (1983). The who- what- why of mentor teacher/graduate student relationships. Journal of Nursing Education, 22(1), 32-37.
- Patton, D., Grace, A., and Rocca, J. (1981). Implementation of the preceptor concepts: adaptation to a high stress climate. Journal of Continuing Education in Nursing, 12(5), 27-31.
- Plasse, N.J., and Lederer, J.R. (1981). Preceptors: a resource of new nurses. Supervisor Nurse, 12(June), 35,36,40,41.
- Purkey, W.W., and Novak, J.M. (1984). Inviting School Success(2nd ed.). Belmont, California: Wadsworth Publishing Company.
- Reece, M.M. (1961). Personality Characteristics and success in the nursing profession. Nursing Research, 10(3), 172-176.

- Roche, G.R. (1979). Much ado about mentors. Harvard Business Review, 56(1), 14-16,20,24,26-28.
- Rodzwic, D. (1984). Lessons learned in a preceptorship are from both sides. AORN Journal, 40(1), 124-126.
- Roell, S. M. (1981). Nurse intern programs: how they're working. Nurse Educator, 6(Nov.), 29-31.
- Scipien, G.M., and Pasternack, S.B. (1977). Creating more confident baccalaureate graduates. American Journal of Nursing, 77, 818-820.
- Shamian, J., and Lemieux, S. (1984). A evaluation of the preceptor model versus the formal teaching model. Journal of Continuing Education in Nursing, 15(3), 86-89.
- Shogan, J.O., Prior, M.M. and Kolski, B.J. (1985). A preceptor program: nurses helping nurses. Journal of Continuing Education in Nursing, 16(4), 139-142.
- Skelton, J. M. (1977). A program that dares to be different. Canadian Nurse, 73(March), 36-39.
- Smith, G. M. (1965). The role of personality in nursing education. Nursing Research, 14(1), 54-57.
- Taylor, J., and Zabawski, P. (1982). Preceptorship is alive and well and working at BCIT. Canadian Nurse, 78(6), 19-22.
- Taylor, M. S. (1988). Effects of college internships on individual participants. Journal of Applied Psychology, 73(3), 393-401.
- Walters, C.R. (1981). Using staff preceptors in a senior experience. Nursing Outlook, 29(April), 245-247.
- Weiss, S. J., and Ramsey, E. (1977). An interagency internship: a key to transitional adaptation. Journal of Nursing Administration, 7(8), 36-42.
- Werner, J. (1980). Joint endeavors: the way to bring service and education together. Nursing Outlook, 28(Sept.), 546-550.
- Wheeler, J.C. (1984). Preceptorship in occupational health nursing. Occupational Health Nursing, 32(Aug.), 410-411.
- Willbur, J. (1987). Does mentoring breed success? Training and Development Journal, 41(Nov.), 38-41.

Williams, R., and Blackburn, R.T. (1988). Mentoring and junior faculty productivity. Journal of Nursing Education, 27(5), 204-209.

The Woodlands Group. (1980). Management development roles: coach, sponsor, and mentor. Personnel Journal, 57(Nov.), 918-921.

SELECTED BIBLIOGRAPHY

Alhaldeff, G. (1979). Anxiety in the new graduate. American Journal of Nursing, 79 (April), 686-688.

Allison, S. E., Anderson, B., Balmot, C.S., Hinton, P.A., Keheley, P.C., King, F.E., and Shoptaw, M.S. (1984) Externship programs, the Mississippi model. Nursing Outlook, 32 (4), 207-210.

Antonucci, T.C., and Jackson, J.S. (1983). Physical health and self-esteem. Family and Community Health, 6 (Aug.), 1-9.

Arlton, D. (1984). The rural nursing practicum project. Nursing Outlook, 32(4), 204-206.

Assey, J.I., and Doscher, M.S. (1986). Performance of male nursing students on the MMPI, fantasy, and self-esteem inventories. Psychological Reports, 58, 371-374.

Bajnok, I., and Gitterman, G. (1988). Nurses as colleagues and mentors. Canadian Nurse, 84(2), 16-17.

Baldwin, A., Welcher, L., Walker, D.D., and Eliastam, M.(1987). Nurse self-esteem and collaboration with physicians. Western Journal of Nursing Research, 9(1), 107-114.

Battle, J. (1977). Comparison of two self-report inventories. Psychological Reports, 41, 159-160.

Beane, J.A., Lipka, R.P., and Ludwig, J.W. (1980). Synthesis of research on self-concept. Educational Leadership, 38(1), 84-89.

Bedeian, A.G., Teague, R.J., and Zmud, R.W. (1977). Test-retest reliability and internal consistency of short-form of Coopersmith's Self-Esteem Inventory. Psychological Reports, 41, 1041-1042.

Bellinger, A.C., and Cleland, V.S. (1969). A comparative analysis of negro and caucasian nurses on selected organismic and job-related variables. Nursing Research, 18(6), 534-538.

Beinbaum, D., and Somers, M.J. (1968). The influence of occupational image subculture on job attitudes, job performance, and the job attitude - job performance relationship. Human Relations, 39(7), 661-672.

- Blanchard, S.L.(1983). The discontinuity between school and practice. Nursing Management, 14(4), 41-43.
- Bond, J., and Bond, S. (1980). In touch with reality. Nursing Mirror, 152 (Feb. 28), 27-30.
- Broverman, I.K., Vogel, S.R., Broverman, D.M.,Clarkson, F.E., and Rosenkrantz, P.S. (1972). Sex-role stereotypes: a current appraisal. Journal of Social Issues, 28(2), 59-79.
- Burgess, G.R. (1979). Nurses as women. Nursing Leadership, 2(4), 26-28.
- Burns, B.J., Lapine, L., and Andrews, P.M. (1978). Personality profile of pediatric nurse practitioners. Nursing Research, 27(5), 286-290.
- Burrell, B., Lally, E., and Wiklinski, B. (1977). Internships for A.D. graduates. American Journal of Nursing, 77, 114-116.
- Calhoun, G., and Morse, W.C. (1977). Self-concept and self-esteem: another perspective. Psychology in the Schools, 14, (July), 318-322.
- Cameron, R.K. (1982). Wanted: mentor relationships within nursing administration. Nursing Leadership, 5(1), 18-22.
- Coe, R.M. (1965). Self-conception and professional training. Nursing Research, 14(1), 49-52.
- Cohen, S.J., Trehub, A. and Morrison, F.G. (1965). Edwards Personal Preference Profiles of psychiatric nurses. Nursing Research, 14(4), 318-321.
- Connell, D.M., and Johnson, J.E. (1970) Relationship between sex role identification and self-esteem in early adolescents. Developmental Psychology, 3(2), 268.
- Consider this ...the benefits of preceptorship (1986). Journal of Nursing Administration, 16(6), 4, 23.
- Coopersmith, S. (1959). A method for determining types of self-esteem. Journal of Abnormal and Social Psychology, 59, 87-94.
- Craver, D.M., and Sullivan, P.P. (1985). Investigation of an internship program. The Journal of Continuing Education in Nursing, 16(4), 114-118.
- Crouch, M.A. (1983). Future needs for self-esteem research and services. Family and Community Health, 6 (Aug), 29-49.

- Crouch, M.A., and Straub, V. (1983). Enhancement of self-esteem in adults. Family and Community Health, 6(Aug.), 65-78.
- Davis, A.J. (1969). Self-concept, occupational role expectations, and occupational choice in nursing and social work. Nursing Research, 18(1), 55-59.
- Davis, J.L. (1987). Orientation made easy. American Operating Room Nursing Journal, 45(3), 951-959.
- Darling, L.A.W. (1985). Mentor matching. Journal of Nursing Administration, 15(1), 45-45.
- Darling, L.A.W. (1985). Can a non-bonder be an effective mentor? Journal of Nursing Administration, 15(2), 30-31.
- Darling, L.A.W. (1985). Self-mentoring strategies. Journal of Nursing Administration, 15(4), 42-43.
- Darling, L.A.W. (1985). What to do about toxic mentors. Journal of Nursing Administration, 15(5), 43-44.
- Darling, L.A.W. (1985). The case for mentor moderation. Journal of Nursing Administration, 15(8,9), 42-43.
- Degenais, F. (1981). Personality correlates of Barkdale self-esteem index scores among nursing students: a validation study, Psychological Reports, 49, 195-197.
- Dexter, P.A., and Laidig, J. (1980). Breaking the education/service barrier. Nursing Outlook, 28(Mar.), 179-181.
- Dobbs, K.C. (1988). The senior preceptorship as a method for anticipatory socialization of Baccalaureate Nursing students. Journal of Nursing Education, 27(4), 167-170.
- Dyer, E.D., Monson, M., and Van Drimmelin, J.B. (1972). Male registered nurses' differences on the California Psychological Inventory. Psychological Reports, 30, 956.
- Edmunds, M. (1983). The Nurse Preceptor role. Nurse Practitioner, 49-53.
- Floge, L., and Merrill, D.M. (1986). Tokenism reconsidered: male nurses and female physicians in a hospital setting. Social Forces, 64(4), 925-947.

Frerichs, M. (1973). Relationship of self-esteem and internal-external control to select characteristics of associate degree nursing students. Nursing Research, 22(4), 350-352.

Gadzella, B.M., and Williamson, J.D.(1984). Study skills, self-concept, and academic achievement. Psychological Reports, 54, 923-929.

Gardner, R. (1983b). Report of data collection on preceptorship. Unpublished Report. School of Nursing, Ryerson Polytechnical Institute, Toronto.

Garrett, A., Manuel, D., and Vincent, C. (1976). Stressful experiences identified by nursing student. Journal of Nursing Education, 15(6), 9-19.

George, T.B. (1982). Development of the Self-concept of nurse in nursing students. Research in Nursing and Health, 5, 191-197.

Goldstein, J.O. (1980). Comparison of graduating Associate Degree and Baccalaureate Nursing Students characteristics. Nursing Research, 29(1), 46-49.

Golub, J.C. (1971). A nurse-internship program. Hospitals, 45(Aug.16), 73-74.

Greenhaus, J.H., and Badin, I.J. (1974). Self-esteem, performance and satisfaction: some tests of a theory. Journal of Applied Psychology, 59(6), 722-726.

Gunter, L.M. (1969). The developing nursing student. Part II: Attitudes toward nursing as a career. Nursing Research, 18(2), 131-136.

Gunter, L.M. (1969). The developing nursing student. Part III: a study of self-appraisals and concerns reported during the sophomore year. Nursing Research, 18(3), 237-243.

Hamilton, M.S. (1981). Mentorhood: a key to nursing leadership. Nursing Leadership, 4(1), 4-13.

Hammer, R.M., and Tufts, M.A. (1985). Nursing's self-image - nursing education's responsibility. Journal of Nursing Education, 24(7), 280-283.

Hammerstad, S.M., and Murphy, M. L. (1979). On precepting: a partnership. Stanford, California: Stanford University Press.

Harris, D.L., and Bluhm, H.P. (1977). An evaluation of primary care preceptorshps. Journal of Family Practice, 5(4), 577-579.

Hartin, J. M. (1983). Nursing apprenticeship. Nursing Management, 14(3), 28-29.

Hekelman, F.P., Shoeffner, R.E., Mitchell, M., and Bruns, E. J. (1974). A structured internship for Associate Degree Nursing graduates. Journal of Continuing Education in Nursing, 5 (Sept./Oct.), 32-38/

Heyman, R., Shaw, M.P., and Harding, J. (1984). A longitudinal study of changing attitudes to work among nurse trainees in two British General Hospitals. Journal of Advanced Nursing, 9, 297-305.

Heyman, R., Shaw, M.P., and Harding, J. (1983). A personal construct approach to the socialization of nursing trainees in two British General Hospitals. Journal of Advanced Nursing, 8, 59-67.

Holloran, S.D., Mishkin, B.H., and Hanson, B.L. (1980). Bicultural training for new graduates. Nurse Educator, 5(1), 8-14.

Huckabay, L. M., and Andt, C. (1976). Effect of acquisition of knowledge and self-evaluation and the relationship of self-evaluation to perception of real and ideal self-concept. Nursing Research, 25 (4), 244-251.

Huckstadt, A.A. (1981). Work/study: A bridge to practice. American Journal of Nursing, 81, 726-727.

Kapustiak, M. M., Capello, S.M., and Hofmeister, L.R. (1985). The key to your professional success is your networking, mentor-mentee relationships and negotiation. Perspectives in Practice, 85(7), 846-848.

Kelly, L.Y.(1978). Power guide - the mentor relationship. Nursing Outlook, 26 (May), 339.

Korman, A. K. (1968). Task success, task popularity and self-esteem as influences on task liking. Journal of Applied Psychology, 52(6), 484-490.

Kovacs, A.R. (1977). The ideal of self-fulfilment as an educational objective. Journal of Nursing Education, 16(3), 22-24.

Kram, K. (1983). Phases of the mentor relationship. Academy of Management Journal, 28(4), 608-625.

Larned, D.T., and Muller, D. (1979). Development of self-concept of grades 1 through 9. Journal of Psychology, 102, 143-155.

Lea, D. and Liebowitz, Z.B. (1983). A mentor: would you know one if you saw one? Supervisory Management, 28(4), 32-35.

Lewis, K.E. (1986). What it takes to be a preceptor. Canadian Nurse, 82(11), 18-19.

Lewison, D., and Gibbons, L.K. (1980). Nursing internships: a comprehensive review of the literature. Journal of Continuing Education in Nursing, 12(2), 32-38.

Limon, S., Bargagliotti, L.A., and Spencer, J.B. (1981). Who precepts the preceptor? Nursing and Health Care, 2 (Oct), 433-436.

Limon, S., Bargagliotti, L.A., and Spencer, J.B. (1982). Providing preceptors for nursing students; which questions should you ask? Journal of Nursing Administration, 12(June), 16-19.

Limon, S., and Spencer, J.B. (1982) Faculty Liaison Manual. Ohlone College Nursing Program, Fremont, California.

Limon, S., and Spencer, J.B. (1982). Student to staff nurse: Bridging the gap with clinical preceptors (2nd ed.), Ohlone College Nursing Program, Fremont, California.

Limon, S., and Spencer, J.B. (1982). Preceptor Preparation Instructor's Manual. Ohlone College Nursing Program, Fremont, California.

Limon, S., and Spencer, J.B. (1982). Survival Kit: A manual for preceptors. (3rd ed.), Ohlone College Nursing Program, Fremont, California.

Linn, L.S. (1975). Primex Trainees under stress. Journal of Nursing Education, 14(2), 10-19.

Lowe, E.(1984). Nursing decentralization: what happens on the unit? Dimensions, 61 (Aug.), 16-17.

Madden, B.P. (1975). Raising the consciousness of nursing students. Nursing Outlook, 23 (5), 292-296.

Markus, H. (1977). Self schemata and processing information about the self. Journal of Pesonality and Social Psychology, 35 (2), 63-78.

Marsh, H.W., Smith, I.D., and Barnes, J. (1983). Multitrait - multimethod analyses of the self-description questionnaire: student-teacher agreement on multidimensional ratings of student self-concept. American Educational Research Journal, 20 (3), 333-357.

May, L. (1980). Clinical preceptors for new nurses. American Journal of Nursing, 80 (Oct.), 1824-1826.

McGrath, B.J., and Princeton, J.C. (1987). Evaluation of a clinical preceptor program for new graduates - eight years later. Journal of Continuing Education in Nursing, 18(8), 133-136.

Mikesell, R.M., Calhoun, L.G., and Iottman, T.G. (1970). Instructional set and the Coopersmith self-esteem inventory. Psychological Reports, 26, 317-318.

Mlott, S.R., Rust, P.f., Assey, J.L., and Doscher, M.S. (1986). Performance of male nursing students on the MMPI, Fantasy and Self-esteem inventories. Psychological Reports, 58, 371-374.

Moore, L., and Boyd, M.D. (1985). Meeting the terminal functions of a baccalaureate curriculum: the student's perception. Journal of Nursing Education, 24(8), 321-325.

Muhlenkamp, A.F., and Sayles, J.A. (1986). Self-esteem, social support, and positive health practices. Nursing Research, 35(6), 334-338.

Myers, G. (1969) Self. New York: Western Publishing Company. Chapter One "Self".

Myhill, J.E. and Lorr, M. (1988). The place of self-esteem in interpersonal behavior. Journal of Clinical Psychology, 44(2), 206-209.

Myrick, F. (1988). Preceptorship - Is it the answer to the problems in clinical teaching? Journal of Nursing Education, 27(3), 136-137.

Nixon, K., and Russell, M. (1977). Orientation - Would it work for you? Canadian Nurse, 73 (March), 36-39.

Noe, R.A. (1988). Investigation of the determinants of successful assigned mentoring relationships. Personnel Psychology, 42(3), 457-479.

O'Connor, K.T. (1988). For want of a mentor. Nursing Outlook, 36(1), 38 - 39.

Olson, R.K., Gresley, R.S., and Hater, B.S. (1984). The effect of an undergraduate clinical internship on the self-concept and professional role mastery of baccalaureate nursing students. Journal of Nursing Education, 23(3), 105-108.

Parsons, R., MacLean, J., Butcher, P., and Shamian, J. (1985). The Staff nurse as peer educator - preceptorship on the unit. Canadian Nurse, 81(7), 19-20.

Piemme, J.A., Kramer, W., Tack, B.S., and Evans, J. (1986). Developing the nurse preceptor. Journal of Continuing Education in Nursing, 17(16), 186-189.

Pilette, P.C. (1980). Mentoring: an encounter of the leadership kind. Nursing Leadership, 3 (2), 22-26.

Redden, J.W., and Scales, E.E. (1961). Nursing education and personality characteristics. Nursing Research, 10(4), 215-128.

Reich, S., and Geller, A. (1976). Self image of nurses. Psychological Reports, 39, 401-402.

Ryden, M.B. (1978). An adult version of the Coopersmith self-esteem inventory; test-retest reliability and social desirability. Psychological Reports, 43, 1189-1190.

Scheirer, M.A., and Kraut, R.E. (1979). Increasing educational achievement via self-concept change. Review of Educational Research, 49 (1), 131-150.

Schorr, T.M. (1978). The lost art of mentorship. American Journal of Nursing, 78, 1973.

Schulz, E.D. (1965). Personality traits of nursing students and faculty concepts of desirable traits; a longitudinal comparative study. Nursing Research, 14(3), 261-264.

Schwirian, P.M. (1978). Evaluating the performance of nurses: a multidimensional approach. Nursing Research, 27(6), 347-351.

Shamian, J., and Inhaber, R. (1985). The concept and practice of preceptorship in contemporary nursing: a review of pertinent literature. International Journal of Nursing Studies, 22(2), 79-88.

Shavelson, R.J., and Bolus, R. (1982). Self-concept: the interplay of theory and methods. Journal of Educational Psychology, 74 (1), 3-17.

Sobol, E.G.(1978). Self-actualization and the baccalaureate nursing student's response to stress. Nursing Research, 27(4), 238-244.

Stanwyk, D.J. (1983). Self-esteem through the life span. Family and Community Health, 6(Aug.), 11-28.

Stone, J.A., and Goodwin, M.A. (1988). A workshop in women's psychology: increasing self-esteem in nursing students. Journal of Nursing Education, 27(3), 139-140.

Strauser, C.J. (1979). An internship with academic credit. American Journal of Nursing, 79, 1071-1072.

Stuart, G.W. and Sundeen, S.J. (1983). Principles and practice of psychiatric nursing(2nd ed.). Toronto: The C.V. Mosby Company.

Sullivan, J.A. (1978). Comparison of manifest needs of nurses and physicians in primary care practice. Nursing Research, 27(4), 255-259.

Turnbull, E. (1983). Rewards in nursing: the case of nurse preceptors. Journal of Nursing Administration, 13 (Jan.), 10-13.

Turner, C.J., and Record, A.L. (1981). Self concept clarity: evaluation of self, peer, and professional ratings. Measurement and evaluation in Guidance, 14(1), 38-45.

Vance, C.N. (1982). The mentor connection. Journal of Nursing Administration, 12 (April), 7-13.

Van Tuinen, M., and Ramanaiah, N.V. (1979). A multimethod analysis of selected self-esteem measures. Journal of Research in Personality, 13, 16-24.

Wandelt, M.A., Pierce, P.M., and Widdowson, R.R. (1981). Why nurses leave nursing and what can be done about it. American Journal of Nursing, 81 72-77.

Warihay, P.D. (1980). The climb to the top: is the network the route for women? Personnel Administrator, 25 (April), 55-60.

Watson, J. (1978). Conceptual systems of undergraduate nursing students as compared with university students at large and practicing nurses. Nursing Research, 27(3), 151-155.

Welch, M.J. (1980). Dysfunctional parenting of a profession. Nursing Outlook, 28, (April), 179-184. 724-727.

Weller L, Harrison M and Katz, Z. (1988), Changes in the self and professional images of student nurses. Journal of Advanced Nursing, 13 (2), 179-184.

White, M.S. (1975). Psychological characteristics of the nurse practitioner. Nursing Outlook, 23(3), 160-166.

Woolf, P.J. (1984). Increasing self-esteem through self-evaluation. Journal of Nursing Education, 23(2), 78-81.

APPENDIX A

SELF CONFIDENCE RATING FORM

SELF-CONFIDENCE RATING FORM

Student-Preceptee's Name

Do you feel the level of self-confidence of your student-preceptee has changed over the period of the preceptorship?

☐

yes

☐

no

If "yes", how would you rate the change on the following continuum?

Self-confidence:

☐

great
decrease

☐

moderate
decrease

☐

small
decrease

☐

small
increase

☐

moderate
increase

☐

great
increase